#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,121

MOP024 FEE-FOR-SERVICE/DENTAL

LAKE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

LAKE COUNTI	SUMMARI OF SERV	ICES FOR CASH GRANI -	AGED	AID CODE	T.O.	ATTITITE ATTITION	CE
E 000 HITGIDING	HORDO		MONTHLY AVERAGE AVERAGE COST UNITS/DAYS COST PER COS'				
5,823 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
^	4 005	OR DAYS OF CARE	0 001 005 14	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,905	136,807 \$	2,801,927.14	\$ 20.48	23.494	•	•
@PHYSICIANS SERVICES	909	3,702 \$	54,719.03	\$ 14.78	.636	•	\$ 9.40
OUTPATIENT VISITS	21	31	1,681.92	54.26	.005	80.09	.29
OFFICE VISITS	15	17	454.68	26.75	.003	30.31	.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7	14	1,227.24	87.66	.002	175.32	.21
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	10	68	4,019.14	59.11	.012	401.91	.69
HOSPITAL VISITS	10	53	2,383.24	44.97	.009	238.32	.41
CRITICAL CARE	5	15	1,635.90	109.06	.003	327.18	.28
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	3	94.94	31.65	.001	47.47	.02
EXAMINATIONS	2	3	94.94	31.65	.001	47.47	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	14	1,338.42	95.60	.002	267.68	.23
PRINCIPAL SURGEON	4	5	1,257.05	251.41	.001	314.26	.22
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	9	81.37	9.04	.002	40.69	.01
OUTPATIENT SURGERY	1	1	28.29	28.29	.002	28.29	.00
	1	1	28.29	28.29	.000	28.29	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0						
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	•	-	.00	.00	.000	.00	.00
PATHOLOGY	5	7	59.45	8.49	.001	11.89	.01
RADIOLOGY	17	37	922.97	24.95	.006	54.29	.16
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	881	3,541	46,573.90	13.15	.608	52.86	8.00
@PHARMACY	4,132	98 <b>,</b> 932 \$	1,316,849.64	\$ 13.31	16.990	•	•
PRESCRIPTION DRUGS	4,063	18,184	1,255,908.34	69.07	3.123	309.11	215.68
SNF/ICF	67	415	21,731.66	52.37	.071	324.35	3.73
OUTPATIENTS	4,001	17 <b>,</b> 769	1,234,176.68	69.46	3.052	308.47	211.95
MEDICAL SUPPLIES	587	80,748	60,941.30	.75	13.867	103.82	10.47
@DENTIST	66	214 \$	13,712.55	\$ 64.08	.037	\$ 207.77	\$ 2.35
VISITS - DIAGNOSTIC	42	118	1,553.55	13.17	.020	36.99	.27
ORAL SURGERY	9	47	2,371.00	50.45	.008	263.44	.41
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.02
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	330.00	330.00	.000	330.00	.06
RESTORATIVE DENTISTRY	10	17	1,078.00	63.41	.003	107.80	.19
PROSTHETICS	2	2	60.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	14	28	8,220.00	293.57	.005	587.14	1.41
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
VULL SUKAICES	U	U	.00	.00	.000	.00	.00

03/14/05

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,122

	CODE	

03/14/05

MOP024	FEE-FOR-SERVICE	/DENTAL										03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR	CASH GR	ANT -	AGED		AID CODE	10				
								MC	INC	THLY AVERA	GE.	
5,823 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVI	ERAGE COST			COST PER		COST PER
,		OR DAYS	OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	144		369	\$	6,263.51	\$	16.97	.063	\$	43.50	\$	1.08
DIAGNOSTIC AND ANC. PROCED	4		4		181.79		45.45	.001		45.45		.03
EYE APPLIANCES	127		327		5,352.45		16.37	.056		42.15		.92
OTHER OPTOMETRIC SERVICES	19		38		729.27		19.19	.007		38.38		.13
@CHIROPRACTOR	8		9	\$	139.33	\$	15.48	.002	Ś	17.42	Ś	.02
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	8		9		139.33		15.48	.002		17.42		.02
@PODIATRIST	16		21	\$	160.80	\$	7.66	.004	Ś	10.05	\$	.03
MEDICINE/INJECTIONS	0		0	τ	.00	τ	.00	.000	Τ.	.00	т	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	16		21		160.80		7.66	.004		10.05		.03
@HOME HEALTH AGENCY	7		37	Ġ	2,651.88	\$	71.67		\$	378.84	\$	.46
NURSE ANESTHESIST	,		0	¢	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	¢	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	ç	.00	\$	.00	.000	\$	.00	\$	.00
	0		0	ب د	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	972		-	ې د	816,222.46	ې خ	129.66	1.081	\$	839.74	\$	140.17
@TOTAL HOSPITAL	98	,	5 <b>,</b> 295 204	Ą		Ą	3544.73	.035	Ş	7378.83	Ą	124.18
HOSP INPATIENT TOTAL HSC HOSPITALS	90 1				723,125.42					1697.55		.29
	17		2 202		1,697.55 655,753.53		848.78 3246.30	.000 .035		38573.74		112.61
NON-HSC HOSPITAL TOTAL	17		202				982.05			11669.07		34.07
ACCOMMODATIONS	0		202		198,374.11		.00	.035		.00		.00
ADMINISTRATIVE DAYS	0		0									
TRANSITIONAL IP CARE					.00		.00	.000		.00		.00
ALL OTHER ACCOM	17 17		202		198,374.11		982.05	.035		11669.07		34.07
ANCILLARIES	= :		0		457,379.42		.00	.000		26904.67		78.55
INPATIENT CROSSOVERS	80		0		65,674.34		.00	.000		820.93		11.28
ALL OTHER INPATIENT	•		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	939	(	5,091		93,097.04		15.28	1.046		99.14		15.99
MEDICAL	7		18		1,507.42		83.75	.003		215.35		.26
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	12		69		808.98		11.72	.012		67.42		.14
RADIOLOGY	13		16		1,635.07		102.19	.003		125.77		.28
ROOM USE	7	-	11		415.77		37.80	.002		59.40		.07
CROSSOVERS/ALL OTH OUTPTNT	929		5,977		88,729.80		14.85	1.026		95.51		15.24
@COUNTY HOSPITAL TOTAL	3		11	\$	907.03	\$	82.46	.002	Ş	302.34	\$	.16
CO HOSPITAL INPATIENT TOTAL	1		0		853.28		.00	.000		853.28		.15
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	U		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1		0		853.28		.00	.000		853.28		.15
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2		11		53.75		4.89	.002		26.88		.01
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00

0 0 RADIOLOGY .00 .00 .000 .00 .00 0 0 ROOM USE .00 .00 .000 .00 .00 2 53.75 CROSSOVERS/ALL OTH OUTPTNT 11 4.89 .002 26.88 .01 PAGE 5,123

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

03/14/05

ATD CODE 10 TAKE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED

MOP024

LAKE COUNTY	SUMMARY OF SERVI	CES FOR CASH GR	TNP	- AGED		AID CODE	10				
							M	CNO	THLY AVERA	GE	
5,823 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	969	6,284	\$	815,315.43	\$	129.74	1.079	\$	841.40	\$	140.02
COMM HOSP INPATIENT TOTAL	97	204		722,272.14		3540.55	.035		7446.10		124.04
HSC HOSPITALS	1	2		1,697.55		848.78	.000		1697.55		.29
NON-HSC HOSPITALS TOTAL	17	202		655,753.53		3246.30	.035		38573.74		112.61
ACCOMMODATIONS	17	202		198,374.11		982.05	.035		11669.07		34.07
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	17	202		198,374.11		982.05	.035		11669.07		34.07
ANCILLARIES	17	0		457,379.42		.00	.000		26904.67		78.55
INPATIENT CROSSOVERS	79	0		64,821.06		.00	.000		820.52		11.13
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	937	6,080		93,043.29		15.30	1.044		99.30		15.98
MEDICAL MEDICAL	7	18		1,507.42		83.75	.003		215.35		.26
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	12	69		808.98		11.72	.012		67.42		.14
	13	16		1,635.07		102.19	.003		125.77		.28
RADIOLOGY	7	11		•		37.80	.003				.20
ROOM USE	•			415.77					59.40		
CROSSOVERS/ALL OTH OUTPINT		5 <b>,</b> 966	<u> </u>	88,676.05	<u> </u>	14.86	1.025	<u> </u>	95.66	<u> </u>	15.23
@STATE HOSPITAL	0	0	\$	.00	\$	.00		\$		\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	71	1,473	\$	208,533.26	\$	141.57	.253	\$	2937.09	\$	35.81
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	71	1,473		208,533.26		141.57	.253		2937.09		35.81
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	23	35	\$	17,193.56	\$	491.24	.006	\$	747.55	\$	2.95
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	23	35		17,193.56		491.24	.006		747.55		2.95
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	10	\$	79.56	\$	7.96	.002	Ś	11.37	\$	.01
PATHOLOGY	6	9		75.02		8.34	.002		12.50		.01
XO AND OTHERS	1	1		4.54		4.54	.000		4.54		.00
@ORGANIZED OUTPATIENT CLINIC	1,349	2,177	\$	118,559.80	\$	54.46		\$	87.89	\$	20.36
CLINIC	0	0	7	.00	4	.00	.000	-1	.00	7	.00
SURGICENTER	7	8		1,328.84		166.11	.001		189.83		.23
HEROIN DETOX CLINIC	ń	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,344	2,169		117,230.96		54.05	.372		87.23		20.13
#CALIF DEPT OF HEALTH SERV			ES M	ONTH-OF-PAYMENT RE	ZPOP1			DFC		Е	AGE 5,124
"CTTTL DELI OF HEWHIH SEKA	THE CHI SHIVILE	INDITION ENTRY OF	דיו טיב	OMEN OF THEMSENS VI	-1 OI/-	L LOW OWN '	COOT TIII/O	اندر	2004	г	110H J, 124

MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 03/14/05

					MC	NTHLY AVERA	GE
5,823 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	967	23,533 \$	246,841.76	\$ 10.49	4.041	\$ 255.27	\$ 42.39
DURABLE MED. EQUIP.	45	95	35,069.18	369.15	.016	779.32	6.02
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	1,279.54	639.77	.000	639.77	.22
MEDICAL TRANSPORTATION	68	12,373	35,933.71	2.90	2.125	528.44	6.17
AMBULANCES/AIR TRANS	16	353	4,587.77	13.00	.061	286.74	.79
OTHER TRANS	43	11,890	27,058.60	2.28	2.042	629.27	4.65
OTHER SERVICES	18	130	4,287.34	32.98	.022	238.19	.74
ACUPUNCTURE	37	88	1,503.03	17.08	.015	40.62	.26
ADULT DAY HEALTH CARE CTR	5	91	5,821.40	63.97	.016	1164.28	1.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	314	1,421	126,329.51	88.90	.244	402.32	21.69
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	149	373	4,315.91	11.57	.064	28.97	.74
PHYSICAL THERAPIST	1	61	164.40	2.70	.010	164.40	.03
PORTABLE X-RAY	1	2	1.40	.70	.000	1.40	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	54	113	12,359.18	109.37	.019	228.87	2.12
HOSPICE SERVICES	2	34	2,413.05	70.97	.006	1206.53	.41
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	463	8 <b>,</b> 880	21,651.45	2.44	1.525	46.76	3.72
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00		\$ .00	
@XOVER EXCLUDING STATE HOSP**	1,917	18,594 \$	286,112.16	\$ 15.39	3.193	\$ 149.25	\$ 49.13

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,125 FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20 03/14/05 MOP024 LAKE COUNTY

						MON	ITHLY AVERA	GE
844 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	757	41,198	\$	501,222.25	\$ 12.17	48.813 \$	662.12	\$ 593.87
@PHYSICIANS SERVICES	172	444	\$	16,921.87	\$ 38.11	.526	98.38	\$ 20.05
OUTPATIENT VISITS	59	77		3,596.38	46.71	.091	60.96	4.26
OFFICE VISITS	38	49		1,699.67	34.69	.058	44.73	2.01
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	22	26		1,837.46	70.67	.031	83.52	2.18
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2		59.25	29.63	.002	29.63	.07
INPATIENT VISITS	9	54		2,470.70	45.75	.064	274.52	2.93
HOSPITAL VISITS	9	54		2,470.70	45.75	.064	274.52	2.93
CRITICAL CARE	0	0		.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0	.00	. (	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	12	15	566.82	37.7	9 .018	47.24	.67
EXAMINATIONS	12	15	566.82	37.7	9 .018	47.24	.67
SERVICES AND MATERIALS	0	0	.00	. (	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	12	1,544.92	128.7	4 .014	514.97	1.83
PRINCIPAL SURGEON	3	5	1,231.18	246.2	.006	410.39	1.46
ASSISTANT SURGEON	0	0	.00	. (	.000	.00	.00
ANESTHESIOLOGIST	1	7	313.74	44.8	.008	313.74	.37
OUTPATIENT SURGERY	9	22	2,094.19	95.1	.026	232.69	2.48
PRINCIPAL SURGEON	9	11	1,891.19	171.9	.013	210.13	2.24
ASSISTANT SURGEON	0	0	.00	. (	.000	.00	.00
ANESTHESIOLOGIST	1	11	203.00	18.4	.013	203.00	.24
DIALYSIS	0	0	.00	. (	.000	.00	.00
PATHOLOGY	10	16	332.21	20.7	6 .019	33.22	.39
RADIOLOGY	32	54	1,557.30	28.8	.064	48.67	1.85
PSYCHIATRY	0	0	.00	. (	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	. (	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	94	194	4,759.35	24.5	.230	50.63	5.64
@PHARMACY	640	28,592	\$ 258,734.11	\$ 9.0	5 33.877	\$ 404.27	\$ 306.56
PRESCRIPTION DRUGS	619	2,965	232,805.34	78.5	2 3.513	376.10	275.84
SNF/ICF	0	0	.00	. (	.000	.00	.00
OUTPATIENTS	619	2,965	232,805.34	78.5	2 3.513	376.10	275.84
MEDICAL SUPPLIES	195	25 <b>,</b> 627	25,928.77	1.0	1 30.364	132.97	30.72
@DENTIST	7	17	\$ 1,183.00	\$ 69.5	.020	\$ 169.00	\$ 1.40
VISITS - DIAGNOSTIC	6	15	283.00	18.8	.018	47.17	.34
ORAL SURGERY	0	0	.00	. (	.000	.00	.00
DRUGS	0	0	.00	. (	.000	.00	.00
ANESTHESIA	0	0	.00	. (	.000	.00	.00
PERIODONTICS	0	0	.00	. (	.000	.00	.00
ENDODONTICS	0	0	.00	. (	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	. (	.000	.00	.00
PROSTHETICS	0	0	.00	. (	.000	.00	.00

DENTURES, STAYPLATES	1	2	900.00	450.00	.002	900.00	1.07
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE		MONTH-OF-PAYMENT REPOR	T FOR JAN :	2004 THRU DE	C 2004	PAGE 5,126 03/14/05

SUMMARY OF SERVICES FOR CASH GRANT - BLIND LAKE COUNTY AID CODE 20 ----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 844 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 62 \$ 1,784.10 .073 \$ 77.57 \$ @OPTOMETRIST \$ 28.78 2.11 DIAGNOSTIC AND ANC. PROCED 6 7 252.97 36.14 .008 42.16 .30 15 28.32 81.17 EYE APPLIANCES 1,217.61 .051 1.44 6 12 313.52 26.13 .014 52.25 .37 OTHER OPTOMETRIC SERVICES 0 .00 .00 \$ @CHIROPRACTOR .00 \$ .000 \$ . 00 .00 .00 VISITS .00 .000 .00 0 .00 OTHER SERVICES .00 .000 .00 0 .00 \$ .00 .000 \$ .00 \$ .00 @PODIATRIST .00 . 00 MEDICINE/INJECTIONS .00 .000 . 00 .00 .00 SURGERY/ANES. .000 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 .00 .00 .00 .000 OTHER . 00 .00 \$ @HOME HEALTH AGENCY 0 .00 .000 \$ .00 \$ .00 0 .00 \$ .00 .000 \$ .00 \$ .00 NURSE ANESTHESIST .00 \$ .00 .000 \$ .00 \$ . 00 NURSE MIDWIFE .00 \$ .00 .00 \$ . 00 PEDIATRIC NURSE PRACTITIONER .000 \$ Ω 0 .00 \$ .00 .000 \$ .00 \$ FAMILY NURSE PRACTITIONER .00 145 1,025 105,433.12 \$ 102.86 1.214 \$ @TOTAL HOSPITAL 727.12 \$ 124.92 1654.20 1331.75 51 99.96 HOSP INPATIENT TOTAL 14 84,364.30 .060 6026.02 3 24 .028 10654.00 HSC HOSPITALS 31,962.00 1747.49 605.26 .00 .00 605.26 2.7 47,182.30 1747.49 7863.72 NON-HSC HOSPITAL TOTAL .032 55.90 27 16,341.96 2723.66 ACCOMMODATIONS .032 19.36 0 Ω .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 TRANSITIONAL IP CARE 0 .000 .00 16,341.96 605.26 30,840.34 .00 5,220.00 ... 2.7 16,341.96 2723.66 ALL OTHER ACCOM .032 19.36 0 .000 5140.06 36.54 ANCILLARIES 0 5,220.00 870.00 INPATIENT CROSSOVERS .000 6.18 .00 0 0 .000 .00 ALL OTHER INPATIENT .00 .00 21.63 140 974 21,068.82 1.154 150.49 HOSP OUTPATIENT TOTAL 24.96 127.44 134.75 16 24 3,058.58 .028 3.62 MEDICAL 191.16 4 538.98 134.75 SURGERY 4 .005 . 64 169 2,224.17 13.16 .200 58.53 PATHOLOGY 3.5 87.37 113.26 RADIOLOGY 3,057.92 .041 3.62 ROOM USE 29 3.5 46.03 55.55 1,611.02 .041 1.91 CROSSOVERS/ALL OTH OUTPTNT 90 707 10,578.15 14.96 .838 117.54 12.53 0 0 .00 \$ .00 .000 \$ .00 \$ @COUNTY HOSPITAL TOTAL .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 . 00 . 00 .00 .00 .000 .00 .00 HSC HOSPITALS NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 . 00 .00 .00 .000 . 00 ADMINISTRATIVE DAYS .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 ANCILLARIES . 00 .000 . 00 . 00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 5,127
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
LAKE COUNTY	SUMMARY OF SERVICES F	OR CASH GRANT	- BLIND	AID CODE	20		

			MONTHLY AVERAGE							
844 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAY		COST PER			
***	***	OR DAYS OF CARE			Y PER ELIG		ELIGIBLE			
@COMMUNITY HOSPITAL TOTAL	145	1,025 \$	105,433.12	\$ 102.86	1.214		\$ 124.92			
COMM HOSP INPATIENT TOTAL	14	51	84,364.30	1654.20	.060	6026.02	99.96			
HSC HOSPITALS	3	24	31,962.00	1331.75	.028	10654.00	37.87			
NON-HSC HOSPITALS TOTAL	6	27	47,182.30	1747.49	.032	7863.72	55.90			
ACCOMMODATIONS	6	27	16,341.96	605.26	.032	2723.66	19.36			
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00			
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00			
ALL OTHER ACCOM	6	27	16,341.96	605.26	.032	2723.66	19.36			
ANCILLARIES	6	0	30,840.34	.00	.000	5140.06	36.54			
INPATIENT CROSSOVERS	6	0	5,220.00	.00	.000	870.00	6.18			
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00			
COMM HOSP OUTPATIENT TOTAL	140	974	21,068.82	21.63	1.154	150.49	24.96			
MEDICAL	16	24	3,058.58	127.44	.028	191.16	3.62			
SURGERY	4	4	538.98	134.75	.005	134.75	.64			
PATHOLOGY	38	169	2,224.17	13.16	.200	58.53	2.64			
RADIOLOGY	27	35	3,057.92	87.37	.041	113.26	3.62			
ROOM USE	29	35	1,611.02	46.03	.041	55.55	1.91			
CROSSOVERS/ALL OTH OUTPINT	90	707	10,578.15	14.96	.838	117.54	12.53			
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00			
MENTALLY ILL	0	0	.00	.00	.000	.00	.00			
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00			
@NURSING FACILITY	1	0 \$	434.10	\$ .00	.000	\$ 434.10	\$ .51			
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00			
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00			
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00			
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00			
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00			
LEV B-REGULAR	1	0	434.10	.00	.000	434.10	.51			
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00			
ICF DDH	0	0	.00	.00	.000	.00	.00			
ICF DD	0	0	.00	.00	.000	.00	.00			
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00			
@HEMODIALYSIS TOTAL	16	22 \$	9,498.32	\$ 431.74	.026	\$ 593.65	\$ 11.25			
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00			
HEMODIALYSIS CENTER	16	22	9,498.32	431.74	.026	593.65	11.25			
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00			
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00			
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00			
@LABORATORY FACILITY	2	9 \$	86.77	\$ 9.64	.011		•			
PATHOLOGY	2	9	86.77	9.64	.011	43.39	.10			
XO AND OTHERS	0	0	.00	.00	.000	.00	.00			

@ORGANIZED OUTPATIENT CLINIC	238	374	30,528.57	'\$ {	81.63	.443	\$ 128.27	\$	36.17
CLINIC	0	0	.00	1	.00	.000	.00		.00
SURGICENTER	2	3	804.69	26	68.23	.004	402.35		.95
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	236	371	29,723.88		80.12	.440	125.95		35.22
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES						DΛ	GE 5,128
MOP024	FEE-FOR-SERVICE		MONIN OF TATRENT	KEIOKI F	OK OAN 2	.004 IIIKO D.	BC 2004	LA	03/14/05
LAKE COUNTY		ICES FOR CASH GRAN	.m. DI TND	7\ -	ID CODE	20			03/14/03
LAKE COUNTI	SUMMARI OF SERV	ICES FOR CASH GRAD	NI - BLIND	A.			אמתווד ע אזודה	CE	
0.4.4. 51. 16151. 56							NTHLY AVERA		005 050
844 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAYS			OST PER
	199	OR DAYS OF CARE				PER ELIG	USER		LIGIBLE
		10,653	· · · · · · · · · · · · · · · · · · ·		7.19	12.622		Ş	90.78
DURABLE MED. EQUIP.	13	44	14,644.22		32.82	.052	1126.48		17.35
BLOOD BANK	0	0	.00		.00	.000	.00		.00
HEARING AID DISPENSERS		0	.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	30	8 <b>,</b> 547	21,535.49	)	2.52	10.127	717.85		25.52
AMBULANCES/AIR TRANS	15	294	3,736.24	: 1	12.71	.348	249.08		4.43
OTHER TRANS	15	8,250	15,952.43	}	1.93	9.775	1063.50		18.90
OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	2	3	1,846.82		15.61	.004	923.41		2.19
ACUPUNCTURE	17	44	746.11		16.96	.052	43.89		.88
ADIILT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00		.00
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	57	287	21,535.57		75.04	.340	377.82		25.52
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00		.00
OPTICIAN	16	53	659.06		12.44	.063	41.19		.78
	0	0			.00	.000	.00		.00
PHYSICAL THERAPIST	0	0	.00						
PORTABLE X-RAY	U		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	4	15	1,924.90		28.33	.018	481.23		2.28
PROSTHETICS	4	15	1,924.90		28.33	.018	481.23		2.28
ORTHOTICS	0	0	.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	8	18	545.83		30.32	.021	68.23		.65
HOSPICE SERVICES	0	0	.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	33	1,467	11,716.57	•	7.99	1.738	355.05		13.88
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	1	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	)	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	)	.00	.000	.00		.00
ALL OTHER PROVIDERS	56	178	3,310.54	. 1	18.60	.211	59.12		3.92
@CALIF. CHILDREN SERVICES*	23	74	24,740.86	\$ 33	34.34	.088	\$ 1075.69	\$	29.31
@XOVER EXCLUDING STATE HOSP**			33,833.93		7.75			\$	40.09
@* TOTALS IN THESE LINES ARE				·					
THE AMOUNTS ARE ALREADY IN			-						
** THESE DATA ARE INCLUDED I									
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES		REPORT FO	OR JAN 2	יחחע דייים דיי	FC 2004	DΔ	GE 5,129
MOP024	FEE-FOR-SERVICE		J HOWIN OF THIRDNI	TUDIONI I	OIC OIN 2	.001 1111(0 D	BC 2001	111	03/14/05
LAKE COUNTY		ICES FOR CASH GRAN	JT - DIGNRIED	7\ -	ID CODE	60			03/14/03
DAKE COUNTI	SOMMANI OF SERV	ICES FOR CASH GRAD	VI DISABLED	Λ.			אמתווד ע אזודה	CE	
30 FOT ELECTRIES	USERS	INTER OF CEDUTCE	EADENDIMIDE	777777			NTHLY AVERA		
39,507 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAYS			OST PER
SHOUNT NIT DECLINEDS	24 004	OR DAYS OF CARE	20 450 750 20		36.94	PER ELIG	USER \$ 865.85		LIGIBLE
@TOTAL, ALL PROVIDERS	34,024	797,471	• •			20.186			745.68
@PHYSICIANS SERVICES	9,403	32,084	, -,		39.75	.812		Þ	32.28
OUTPATIENT VISITS	4,320	6 <b>,</b> 359	298,171.79		46.89	.161	69.02		7.55
OFFICE VISITS	2,168	2,923	96,966.98		33.17	.074	44.73		2.45
HOME VISITS	4	6	385.90		64.32	.000	96.48		.01
EMERGENCY ROOM	2,276	3,003	192,567.22	. 6	64.12	.076	84.61		4.87

PREVENTIVE CARE	1	1		34.69		34.69	.000		34.69		.00
OB VISITS/COMPRE PERI	27	267		3,102.63		11.62	.007		114.91		.08
OTHER OUTPATIENT	135	159		5,114.37		32.17	.004		37.88		.13
INPATIENT VISITS	537	2,331		118,219.20		50.72	.059		220.15		2.99
HOSPITAL VISITS	440	1,981		88,295.43		44.57	.050		200.67		2.23
CRITICAL CARE	67	205		25,179.11		122.82	.005		375.81		.64
SNF/ICF/TRANS IP CARE	100	145				32.72	.003		47.45		.12
				4,744.66							
OPHTHALMOLOGICAL SERVICES	199	223		8,764.69		39.30	.006		44.04		.22
EXAMINATIONS	199	222		8,729.40		39.32	.006		43.87		.22
SERVICES AND MATERIALS	1	1		35.29		35.29	.000		35.29		.00
INPATIENT HOSPITAL SURGERY	336	2,405		170,774.26		71.01	.061		508.26		4.32
PRINCIPAL SURGEON	227	348		131,401.14		377.59	.009		578.86		3.33
ASSISTANT SURGEON	27	27		5,561.73		205.99	.001		205.99		.14
ANESTHESIOLOGIST	139	2,030		33,811.39		16.66	.051		243.25		.86
OUTPATIENT SURGERY	885	2,616		193,910.30		74.12	.066		219.11		4.91
PRINCIPAL SURGEON	748	1,059		164,060.40		154.92	.027		219.33		4.15
ASSISTANT SURGEON	4	4		499.56		124.89	.000		124.89		.01
ANESTHESIOLOGIST	181	1,553		29,350.34		18.90	.039		162.16		.74
DIALYSIS	39	239		20,758.02		86.85	.006		532.26		.53
PATHOLOGY	694	1,601		31,013.74		19.37	.041		44.69		.79
RADIOLOGY	3,054	5 <b>,</b> 826		184,603.11		31.69	.147		60.45		4.67
PSYCHIATRY	2	13		217.21		16.71	.000		108.61		.01
IMMUNIZATION AND INJECTION	129	1,722		45,337.18		26.33	.044		351.45		1.15
OTHER SERVICES/ALL X-OVERS	3,435	8,749		203,633.84		23.28	.221		59.28		5.15
@PHARMACY	27,698	503,179	\$	12,846,946.47	\$	25.53	12.736	\$	463.82	\$	325.18
PRESCRIPTION DRUGS	27,382	137,222		12,406,003.23		90.41	3.473		453.07		314.02
SNF/ICF	278	2,248		200,975.39		89.40	.057		722.93		5.09
OUTPATIENTS	27,129	134,974		12,205,027.84		90.43	3.416		449.89		308.93
	2,733	365,957		440,943.24		1.20	9.263		161.34		11.16
ODENETCE SUFFLIES	2,733		\$	•	ć	50.50	.085	Ċ	210.10	Ċ	4.31
@DENTIST VISITS - DIAGNOSTIC	810	- ,	P	170,178.17	Ş			Ş		Ş	
VISITS - DIAGNOSTIC	515	1,746		25,725.83		14.73	.044		49.95		.65
ORAL SURGERY	161	706		36,138.50		51.19	.018		224.46		.91
DRUGS	515 161 6 13 12 65	6		75.00		12.50	.000		12.50		.00
ANESTHESIA	13	13		1,300.00		100.00	.000		100.00		.03
PERIODONTICS	12	17		1,263.12		74.30	.000		105.26		.03
ENDODONTICS	65	116		27,698.00		238.78	.003		426.12		.70
RESTORATIVE DENTISTRY	196	516		33,663.65		65.24	.013		171.75		.85
PROSTHETICS	2	2		60.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	93	231		43,600.00		188.74	.006		468.82		1.10
SPACE MAINTAINERS	1	1		111.00		111.00	.000		111.00		.00
MAXILLOFACIAL SERVICES	1	4		298.07		74.52	.000		74.52		.01
EDACHIDEC DICLOCATIONS	196 2 93 1 4 0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	2	4		245.00			.000				.01
OKTHODOWITC DEKVICED	9	8				61.25			122.50		
ALL OTHER SERVICES				.00		.00	.000		.00	_	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S MC	NTH-OF-PAYMENT R	EPOR'	r for Jan 2	2004 THRU 1	DEC	2004	P	AGE 5,130
MOP024	FEE-FOR-SERVICE										03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR CASH GRA	NT -	DISABLED		AID CODE	60				
							Mo	HTMC	ILY AVERA	GΕ	
39,507 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S C	OST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1,289		\$	77,226.64	\$	21.00	.093		59.91		1.95
DIAGNOSTIC AND ANC. PROCED	555	565		24,594.06	т	43.53	.014	т	44.31	т.	.62
EYE APPLIANCES	1,113	2 <b>,</b> 979		49,527.31		16.63	.075		44.50		1.25
	86	•		3,105.27		23.17	.003		36.11		.08
OTHER OPTOMETRIC SERVICES		134	ċ	-	~			ċ		ċ	
@CHIROPRACTOR	157		\$	4,052.55	Þ	16.61	.006	Þ	25.81	Þ	.10
VISITS	139	224		3,736.92		16.68	.006		26.88		.09

OTHER SERVICES	18	20	315.63	15.78	.001	17.54	.01
@PODIATRIST	53	73	\$ 1,189.64	\$ 16.30	.002	\$ 22.45	\$ .03
MEDICINE/INJECTIONS	13	14	412.70	29.48	.000	31.75	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	40	59	776.94	13.17	.001	19.42	.02
@HOME HEALTH AGENCY	382	5 <b>,</b> 393	\$ 242,107.43	\$ 44.89	.137	\$ 633.79	\$ 6.13
NURSE ANESTHESIST	46	352	\$ 5,279.90	\$ 15.00	.009	\$ 114.78	\$ .13
NURSE MIDWIFE	3	12	\$ 478.24	\$ 39.85	.000	\$ 159.41	\$ .01
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	9,647	58,215	\$ 9,211,885.32	\$ 	1.474	\$ 954.90	\$ 233.17
HOSP INPATIENT TOTAL	776	2 <b>,</b> 850	7,921,309.56	2779.41	.072	10207.87	200.50
HSC HOSPITALS	71	482	747,469.49	1550.77	.012	10527.74	18.92
NON-HSC HOSPITAL TOTAL	494	2,368	6,963,790.31	2940.79	.060	14096.74	176.27
ACCOMMODATIONS	488	2,368	2,053,144.28	867.04	.060	4207.26	51.97
ADMINISTRATIVE DAYS	3	3	330.65	110.22	.000	110.22	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	485	2,365	2,052,813.63	868.00	.060	4232.61	51.96
ANCILLARIES	493	0	4,910,646.03	.00	.000	9960.74	124.30
INPATIENT CROSSOVERS	223	0	210,049.76	.00	.000	941.93	5.32
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9,320	55 <b>,</b> 365	1,290,575.76	23.31	1.401	138.47	32.67
MEDICAL	1 <b>,</b> 956	3 <b>,</b> 475	151,985.28	43.74	.088	77.70	3.85
SURGERY	407	475	29,914.88	62.98	.012	73.50	.76
PATHOLOGY	4,189	19 <b>,</b> 218	246,114.66	12.81	.486	58.75	6.23
RADIOLOGY	2,638	4,091	345,526.08	84.46	.104	130.98	8.75
ROOM USE	3,024	4,414	195,433.00	44.28	.112	64.63	4.95
CROSSOVERS/ALL OTH OUTPINT	4 <b>,</b> 572	23 <b>,</b> 692	321,601.86	13.57	.600	70.34	8.14
@COUNTY HOSPITAL TOTAL	71	399	\$ 32,332.87	\$	.010	\$ 455.39	\$ .82
CO HOSPITAL INPATIENT TOTAL	6	17	18,875.32	1110.31	.000	3145.89	.48
HSC HOSPITALS	5	15	16,425.00	1095.00	.000	3285.00	.42

NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	1	2		2,450.32 1,231.20 .00 .00 1,231.20 1,219.12 .00 .00 13,457.55 1,756.47 2,503.65 1,551.10 2,605.91 3,413.33 1,627.09		1225 16	000		2450 32		.06
ACCOMMODATIONS	1	2		1 231 20		615 60	.000		1231 20		.03
ADMINITEDATIVE DAVE	0	0		1,231.20		013.00	000		1231.20		.00
TRANSTITATIVE DATA	0	0		.00		.00	.000		.00		.00
ALL OBJED ACCOM	1	0		1 221 20		615 60	.000		1221 20		.03
ALL OTHER ACCOM	1	2		1,231.20		013.60	.000		1231.20		.03
ANCILLARIES	1	0		1,219.12		.00	.000		1219.12		.03
INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0	U		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	68	382		13,45/.55		35.23	.010		197.91		.34
MEDICAL	42	62		1,/56.4/		28.33	.002		41.82		.04
SURGERY	12	20		2,503.65		125.18	.001		208.64		.06
PATHOLOGY	18	88		1,551.10		17.63	.002		86.17		.04
RADIOLOGY	14	34		2,605.91		76.64	.001		186.14		.07
DOOM HEE	51	83		3,413.33		41.12	.002		66.93		.09
CROSSOVERS/ALL OTH OUTPINT	28	95		1,627.09		17.13	.002		58.11		.04
#CALIF DEPT OF HEALTH SERV			ES 1	MONTH-OF-PAYMENT RI	EPORI	' FOR JAN 2	2004 THRU D	EC	2004		
MOP024	FEE-FOR-SERVICE										03/14/05
LAKE COUNTY	SUMMARY OF SERV	/ICES FOR CASH GR	ANT	- DISABLED		AID CODE	60				
39,507 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY							MC	NT	HLY AVERA	GΕ	
39,507 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS		COST PER		COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9 <b>,</b> 597	57 <b>,</b> 816	\$	9,179,552.45	\$	158.77	1.463	\$	956.50	\$	232.35
COMM HOSP INPATIENT TOTAL	770	2,833		7,902,434.24		2789.42	.072		10262.90		200.03
HSC HOSPITALS	66	467		731,044.49		1565.41	.012		11076.43		18.50
NON-HSC HOSPITALS TOTAL	493	2,366		6,961,339.99		2942.24	.060		14120.37		176.21
ACCOMMODATIONS	487	2,366		2,051,913.08		867.25	.060		4213.37		51.94
ADMINISTRATIVE DAYS	3	3		330.65		110.22	.000		110.22		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	484	2,363		2,051,582.43		868.21	.060		4238.81		51.93
ANCILLARIES	492	0		4,909,426.91		.00	.000		9978.51		124.27
INPATIENT CROSSOVERS	223	0		210,049.76		.00	.000		941.93		5.32
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	9,271	54,983		1,277,118.21		23.23	1.392		137.75		32.33
MEDICAL	1,917	3,413		150,228.81		44.02	.086		78.37		3.80
SURGERY	395	455		27,411.23		60.24	.012		69.40		.69
PATHOLOGY	4,174	19,130		244,563.56		12.78	.484		58.59		6.19
RADIOLOGY	2,626	4,057		342,920.17		84.53	.103		130.59		8.68
ROOM USE	2,981	4,331		192,019.67		44.34	.110		64.41		4.86
CROSSOVERS/ALL OTH OUTPINT	4,547	23,597		319,974.77		13.56	.597		70.37		8.10
@STATE HOSPITAL	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	'	- 0.0		. 0.0	.000		. 0.0		. 00
DEVELOP DISABLED	0	0		0.0		0.0	000		0.0		0.0
@NURSING FACILITY	196	4.737	Ś	627.208.05	Ś	132.41	.120	Ś	3200.04	Ś	15.88
TEV A-INTERMEDIATE	100	0	7	00	т.	00	000	т	00	т.	.00
@STATE HOSPITAL  MENTALLY ILL  DEVELOP. DISABLED  @NURSING FACILITY  LEV A-INTERMEDIATE  LEV B-REHAB MD  LEV B-SUBACUTE FREESTANDING  LEV B-SUBACUTE HSPTL BASED  LEV B-TRANSITIONAL IP CARE  LEV B-REGULAR	1	13		1.885 78		.00 145.06 .00 .00 .00	000		.00 1885.78		.05
LEV B-SUBACITE FREESTANDING	Û	0		1 682 96		00	000		00		.04
LEV B-SUBACUTE HOPTI BACED	0	0		1,002.90		00	000		00		.00
TEV B-TRANSTTIONAL TO CADE	0	0		00		00	000		.00		.00
TEV BIRANSIIIONAL IF CARE	105	4 724		623 639 31		132 02	.120		3198.15		15.79
LEV D-REGULAR	T 3 J	4, / 4	ċ	16 207 02	Ċ	172.02	.120	<u>ر</u>	1051 00	ċ	

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HOSPITAL BASED

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@INTERMEDIATE CARE FACIL.-DD

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@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	12	126	Ş	2,281.64	Ş	18.11	.003			.06
HOSPITAL BASED	6	55 71		1,428.43 853.21		25.97	.001	238.07		.04
INDEPENDENT FACILITY	6	71		853.21		12.02	.002	142.20		.02
@LABORATORY FACILITY	742	2 <b>,</b> 989	\$	41,926.21	\$	14.03	.076	\$ 56.50	\$	1.06
PATHOLOGY	730	2,949		41,503.24 422.97 3,378,054.86		14.07	.075	56.85		1.05
XO AND OTHERS	12	40		422.97		10.57	.001			.01
@ORGANIZED OUTPATIENT CLINIC	15 369	31,166	Ċ	3 378 054 86	Ċ	108 30	.789		Ċ	
CITNIC	13,309	137	Y	3,378,054.86 4,896.42 10,078.89	Ÿ	25 74	.003	102.01		
CLINIC	48 49 0 15,308	157		4,090.42		33.74	.003			
SURGICENTER	49	154		/				205.69		.26
HEROIN DETOX CLINIC	0	0		.00		.00		.00		.00
RURAL HEALTH CLINIC	15 <b>,</b> 308	30,875				108.93				85.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDIT	URES I	MONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2004 THRU DI	EC 2004	PA	GE 5,132
	FEE-FOR-SERVICE									03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR CASH	GRANT	- DISABLED		AID CODE	60			
	5011111111 01 52111	1020 1011 011011	0141111	2121222		1112 0022	MOI	UTHIY AVERA	GE -	
39,507 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	7, 7, 7	DACE COCH				OST PER
39,307 ELIGIBLES	OSEKS			EVERNDIIOVES						
@ALL OTHER PROVIDERS		OR DAYS OF CA					PER ELIG	USER		LIGIBLE
@ALL OTHER PROVIDERS	5,399	144,424	\$	1,320,181.84	Ş	9.14	3.656	\$ 244.52		
DURABLE MED. EQUIP.	720	2,422		416,090.24		171.80	.061	577.90 .00		10.53
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	10	12		7,576,51		631.38	.000	757.65		.19
MEDICAL TRANSPORTATION	1.215	98.774		404.794.44		4 10	2 500	333 16		10 25
AMBII ANCES / ATD TDANS	967	1/ 501		176 971 76		12 14	.000 2.500 .369	333.16 183.01		1 19
AMBOLANCES/AIN INANS	210	14,001		170,374.70		2.14	2 112	702.01		4.32
OTHER TRANS	218	83,433		170,702.20		2.05	2.112	783.04 614.17		4.32
OTHER SERVICES	93	/58		5/,11/.42		/5.35	.019	614.1/		1.45
ACUPUNCTURE	398	1,000		16,974.01		16.97	.025	42.65		
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	7	7		735.00		105.00	.000	105.00		.02
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	344	1,806		190,237.86		105.34	.046	553.02 97.84		4.82
OCCUPATIONAL THERAPIST	8	. 58		782.75		13.50	.001	97.84		.02
OPTICIAN	1 121	2 882		29 263 71		10.15	.073	26.11		.74
DIVOTONI MUEDADIOM	142	1 102		17 022 02		14.05	.030	125.58		.45
PRISICAL INEKAPISI	142	1,193 3		17,032.93		14.95	.030	38.33		.45
PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	۷	3		17,832.93 76.66 40,257.52 40,257.52		25.55	.000	38.33		.00
PROSTHETIST/ORTHOTISTS	91	350		40,257.52 40,257.52 .00 23.62 27,608.99		115.02	.009	442.39 442.39		1.02
PROSTHETICS	91	350		40,257.52		115.02	.009			
ORTHOTICS	0	0		.00		.00 7.87	.000	.00 23.62		.00
PSYCHOLOGIST	1	3		23.62		7.87	.000	23.62		.00
SPEECH AND AUDIOLOGY	133	378		27,608.99		73.04	.010	207.59		.70
HOSPICE SERVICES	20	372		44.674.82		120.09	.009	2233.74		1.13
HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING	0	Λ		$\cap$		.00	.000	.00		.00
TOCAL EDUCATION ACENCIES	475	7,029 4 0		72 642 02						
LOCAL EDUCATION AGENCIES	4/3	7,029		72,642.02		10.33 62.50	.1/0	152.93 250.00		1.04
EPSDT SUPPLEMENTAL SERVICE	Ţ	4		250.00						
RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	1,158	28,131		50,360.76		1.79	.712	43.49		1.27
@CALIF. CHILDREN SERVICES*	310	12,683	\$	367,130.07	\$	28.95	.321	\$ 1184.29	\$	9.29
@XOVER EXCLUDING STATE HOSP**		60,326		812,764.69						
@* TOTALS IN THESE LINES ARE									'	
THE AMOUNTS ARE ALREADY IN										
** THESE DATA ARE INCLUDED I										
#CALIF DEPT OF HEALTH SERV			URES I	MONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2004 THRU DI	EC 2004	PA	GE 5,133
MOP024	FEE-FOR-SERVICE	E/DENTAL								03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR CGF 3	0-33	35 40 42 3A-3M 3P	3R 3t	J 3W 4C-4G				
							MOI	NTHLY AVERA	GE -	
41,961 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	С	OST PER
,		OR DAYS OF CA					PER ELIG	USER		LIGIBLE
		01. 21110 01 011				. 51.11/ 1111		0.2011	. ــــــــــــــــــــــــــــــــــــ	

@TOTAL, ALL PROVIDERS	22,859	104,119	\$	8,271,561.90	\$	79.44	2.	.481	\$	361.85	\$	197.12
@PHYSICIANS SERVICES	5,142	13,100	\$	542,031.83	\$	41.38		.312	\$	105.41	\$	12.92
OUTPATIENT VISITS	3,302	5,034		197,294.53		39.19		.120		59.75		4.70
OFFICE VISITS	833	967		35,388.86		36.60		.023		42.48		.84
HOME VISITS	0	0		.00		.00		.000		.00		.00
EMERGENCY ROOM	2,352	2,588		141,952.53		54.85		.062		60.35		3.38
PREVENTIVE CARE	5	5		183.55		36.71		.000		36.71		.00
OB VISITS/COMPRE PERI	167	1,422		18,100.47		12.73		.034		108.39		.43
OTHER OUTPATIENT	49	52		1,669.12		32.10		.001		34.06		.04
INPATIENT VISITS	192	848		69,402.06		81.84		.020		361.47		1.65
HOSPITAL VISITS	179	613		30,657.32		50.01		.015		171.27		.73
CRITICAL CARE	33	235		38,744.74		164.87		.006		1174.08		.92
SNF/ICF/TRANS IP CARE	0	0		.00		.00		.000		.00		.00
OPHTHALMOLOGICAL SERVICES	76	91		3,784.43		41.59		.002		49.80		.09
EXAMINATIONS	76	91		3,784.43		41.59		.002		49.80		.09
SERVICES AND MATERIALS	0	0		.00		.00		.000		.00		.00
INPATIENT HOSPITAL SURGERY	207	1,208		88,016.13		72.86		.029		425.20		2.10
PRINCIPAL SURGEON	136	154		69,123.71		448.86		.004		508.26		1.65
ASSISTANT SURGEON	8	8		2,083.33		260.42		.000		260.42		.05
ANESTHESIOLOGIST	80	1,046		16,809.09		16.07		.025		210.11		.40
OUTPATIENT SURGERY	517	1,591		76,323.98		47.97		.038		147.63		1.82
PRINCIPAL SURGEON	429	525		57,655.26		109.82		.013		134.39		1.37
ASSISTANT SURGEON	1	1		112.81		112.81		.000		112.81		.00
ANESTHESIOLOGIST	115	1,065		18,555.91		17.42		.025		161.36		.44
DIALYSIS	2	5		283.00		56.60		.000		141.50		.01
PATHOLOGY	384	600		13,527.78		22.55		.014		35.23		.32
RADIOLOGY	1,670	2,389		60,441.15		25.30		.057		36.19		1.44
PSYCHIATRY	0	0		.00		.00		.000		.00		.00
IMMUNIZATION AND INJECTION	48	211		4,406.53		20.88		.005		91.80		.11
OTHER SERVICES/ALL X-OVERS	528	1,123	Ċ	28,552.24	Ċ	25.42		.027	ċ	54.08	Ċ	.68
@PHARMACY	10,346	31,095	\$	1,159,084.14	\$			.741	Ş		Ş	27.62
PRESCRIPTION DRUGS SNF/ICF	10 <b>,</b> 285 0	23 <b>,</b> 990 0		1,139,717.35		47.51		.572		110.81		27.16
OUTPATIENTS	10,285	23,990		1,139,717.35		.00 47.51		.572		.00 110.81		.00 27.16
MEDICAL SUPPLIES	215	7,105		19,366.79		2.73		.169		90.08		.46
@DENTIST	1,017	4,873	\$	179,987.90	\$	36.94		.116	Ċ	176.98	Ċ	4.29
VISITS - DIAGNOSTIC	713	2,866	Y	44,685.95	Y	15.59		.068	Y	62.67	Y	1.06
ORAL SURGERY	156	504		31,677.80		62.85		.012		203.06		.75
DRUGS	33	42		975.00		23.21		.012		29.55		.02
ANESTHESIA	33	33		3,200.00		96.97		.001		96.97		.08
PERIODONTICS	4	5		338.00		67.60		.000		84.50		.01
ENDODONTICS	116	221		31,010.00		140.32		.005		267.33		.74
RESTORATIVE DENTISTRY	357	1,092		59,723.40		54.69		.026		167.29		1.42
PROSTHETICS	0	0		.00		.00		.000		.00		.00
DENTURES, STAYPLATES	8	21		2,782.75		132.51		.001		347.84		.07
SPACE MAINTAINERS	11	16		1,800.00		112.50		.000		163.64		.04
MAXILLOFACIAL SERVICES	2	2		150.00		75.00		.000		75.00		.00
FRACTURES, DISLOCATIONS	0	1		.00		.00		.000		.00		.00
ORTHODONTIC SERVICES	30	39		3,570.00		91.54		.001		119.00		.09
ALL OTHER SERVICES	24	31		75.00		2.42		.001		3.13		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT F	REPOR'	r for jan	2004 7	THRU	DEC	2004	PA	GE 5,134
MOP024	FEE-FOR-SERVICE	/DENTAL										03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR CGF 30-	33 35	5 40 42 3A-3M 3P	3R 3	J 3W 4C-4G	j					
								N	ITNON	HLY AVERA	.GE -	
41,961 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE ÇOST						OST PER
		OD DAVC OF CADE			ושמ	ס אוו דיייו או ס	משם י	DT TC	7	HCCD		TTCTDTE

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

@OPTOMETRIST	669	1,873	\$	42,603.21	\$	22.75	.045	\$	63.68	\$	1.02
DIAGNOSTIC AND ANC. PROCED	491	500		22,167.72		44.34	.012		45.15		.53
EYE APPLIANCES	500	1,365		20,210.59		14.81	.033		40.42		.48
OTHER OPTOMETRIC SERVICES	7	8		224.90		28.11	.000		32.13		.01
@CHIROPRACTOR	120	172	\$	2,875.84	\$	16.72	.004	\$	23.97	\$	.07
VISITS	120	172		2,875.84		16.72	.004		23.97		.07
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	83	550	\$	23,980.20	\$	43.60	.013			Ś	.57
NURSE ANESTHESIST	47	360	\$	6,577.61	\$		.009			\$	.16
NURSE MIDWIFE	1	7	Ś	217.84	\$	31.12	.000		217.84	\$	.01
PEDIATRIC NURSE PRACTITIONER	0	Ó	Ś	.00	\$	.00	.000			\$	.00
FAMILY NURSE PRACTITIONER	4	4	Š	153.50	\$	38.38	.000		38.38	\$	.00
@TOTAL HOSPITAL	5,451	20,386	Ś	3,409,067.04		167.23	.486		625.40		81.24
HOSP INPATIENT TOTAL	294	1,391	۲	2,887,376.32	Υ	2075.76	.033	7	9821.01	٧	68.81
HSC HOSPITALS	40	308		515,721.01		1674.42	.007		12893.03		12.29
NON-HSC HOSPITAL TOTAL	255	1,083		2,370,779.31		2189.09	.026		9297.17		56.50
ACCOMMODATIONS	255	1,083		849,757.21		784.63	.026		3332.38		20.25
	0	1,003		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	255	1,083		849 <b>,</b> 757.21		784.63	.026		3332.38		20.25
ALL OTHER ACCOM	255	1,003				.00					
ANCILLARIES	255	0		1,521,022.10			.000		5964.79		36.25
INPATIENT CROSSOVERS	0	0		876.00		.00	.000		876.00		.02
ALL OTHER INPATIENT	•			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,293	18,995		521,690.72		27.46	.453		98.56		12.43
MEDICAL	909	1,409		71,071.36		50.44	.034		78.19		1.69
SURGERY	236	275		15,530.11		56.47	.007		65.81		.37
PATHOLOGY	2,289	8,355		107,837.11		12.91	.199		47.11		2.57
RADIOLOGY	1,580	2,057		133,927.78		65.11	.049		84.76		3.19
ROOM USE	3,023	3,597		146,277.83		40.67	.086		48.39		3.49
CROSSOVERS/ALL OTH OUTPTNT	1,696	3,302	_	47,046.53	_	14.25	.079	_	27.74	_	1.12
@COUNTY HOSPITAL TOTAL	17	124	\$	7,879.31	\$	63.54	.003	\$		Ş	.19
CO HOSPITAL INPATIENT TOTAL	1	4		4,640.00		1160.00	.000		4640.00		.11
HSC HOSPITALS	1	4		4,640.00		1160.00	.000		4640.00		.11
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	16	120		3,239.31		26.99	.003		202.46		.08
MEDICAL	3	4		75.12		18.78	.000		25.04		.00
SURGERY	5	10		745.25		74.53	.000		149.05		.02
PATHOLOGY	7	33		615.09		18.64	.001		87.87		.01
RADIOLOGY	1	1		15.54		15.54	.000		15.54		.00
ROOM USE	15	26		1,376.51		52.94	.001		91.77		.03
CROSSOVERS/ALL OTH OUTPINT	9	46		411.80		8.95	.001		45.76		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURE	ES M	MONTH-OF-PAYMENT RE	EPOR	T FOR JAN 2004	THRU	DEC	2004	PA	GE 5,135
MOP024	FEE-FOR-SERVICE/DEN										03/14/05
LAKE COUNTY	SUMMARY OF SERVICES	FOR CGF 30-3	33 3	35 40 42 3A-3M 3P 3	3R 3	U 3W 4C-4G					

41,961 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	_		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5 <b>,</b> 436	20,262	\$ -, -,	\$ 167.86		\$ 625.68	81.06
COMM HOSP INPATIENT TOTAL	293	1,387	2,882,736.32	2078.40		9838.69	68.70
HSC HOSPITALS	39	304	511,081.01			13104.64	12.18
NON-HSC HOSPITALS TOTAL	255	1,083	2,370,779.31			9297.17	
ACCOMMODATIONS	255	1,083	849 <b>,</b> 757.21	784.63		3332.38	20.25
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	255	1,083	849,757.21	784.63	.026	3332.38	20.25
ANCILLARIES	255	0	1,521,022.10	.00	.000	5964.79	36.25
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5 <b>,</b> 279	18,875	518,451.41			98.21	12.36
MEDICAL	906	1,405	70,996.24	50.53	.033	78.36	1.69
SURGERY	231	265	14,784.86	55.79	.006	64.00	.35
PATHOLOGY	2,282	8,322	107,222.02	12.88	.198	46.99	2.56
RADIOLOGY	1,579	2,056	133,912.24	65.13	.049	84.81	3.19
ROOM USE	3,008	3 <b>,</b> 571	144,901.32	40.58	.085	48.17	3.45
CROSSOVERS/ALL OTH OUTPINT	1,687	3 <b>,</b> 256	46,634.73	14.32	.078	27.64	1.11
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	21	\$ 2,926.14	\$ 139.34	.001	\$ 2926.14	\$ .07
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	21	2,926.14	139.34	.001	2926.14	.07
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

----- MONTHLY AVERAGE -----

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	2	11	\$	409.00	\$	37.18	.000	\$	204.50	\$	.01
HOSPITAL BASED	2	11		409.00		37.18	.000		204.50		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	392	1,171	\$	18,209.92	\$	15.55	.028	\$	46.45	\$	.43
PATHOLOGY	392	1,171		18,209.92		15.55	.028		46.45		.43
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	12,461	19,809	\$	2,665,179.14	\$	134.54	.472	\$	213.88	\$	63.52
CLINIC	109	433		16,876.09		38.97	.010		154.83		.40
SURGICENTER	30	206		7,069.42		34.32	.005		235.65		.17
HEROIN DETOX CLINIC	1	18		213.11		11.84	.000		213.11		.01
RURAL HEALTH CLINIC	12 <b>,</b> 354	19,152		2,641,020.52		137.90	.456		213.78		62.94
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES I	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 5,136
MOP024	FEE-FOR-SERVICE/DEN	TAL									03/14/05
LAKE COUNTY	SUMMARY OF SERVICES	FOR CGF 30	-33	35 40 42 3A-3M 3P	3R 3U	3W 4C-4G	ī				

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 41,961 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,314 218,258.59 20.42 @ALL OTHER PROVIDERS 10,687 .255 \$ 94.32 \$ DURABLE MED. EQUIP. 118 196 14,035.50 71.61 .005 118.94 .33 BLOOD BANK 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 298.59 123,615.05 25.22 MEDICAL TRANSPORTATION 414 4,902 .117 2.95 411 AMBULANCES/AIR TRANS 4,841 78,252.56 16.16 .115 190.40 OTHER TRANS 3 34 127.61 3.75 .001 42.54 .00 27 27 45,234.88 OTHER SERVICES 1675.37 .001 1675.37 1.08 ACUPUNCTURE 116 1,985.00 17.11 .003 43.15 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 2,835.00 105.00 .001 105.00 .07 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .000 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 0 .00 1,105 OPTICIAN 479 9,652.02 8.73 .026 20.15 .23 423 6,504.94 15.38 114.12 PHYSICAL THERAPIST .010 0 .00 PORTABLE X-RAY 0 .00 .00 .000 .00 26 PROSTHETIST/ORTHOTISTS 45 5,002.08 111.16 192.39 .001 .12 192.39 111.16 PROSTHETICS 5,002.08 .001 .00 .00 .000 ORTHOTICS 0 .00 .00 PSYCHOLOGIST 4 24 1,329.60 55.40 .001 332.40 .03 172.63 182 35.10 SPEECH AND AUDIOLOGY 6,387.47 .004 HOSPICE SERVICES .00 .00 .000 .00 .00 0 .00 .00 .00 NONINST BIRTHING CENTERS 0 .000 .00 1,093 3,606 46,309.65 LOCAL EDUCATION AGENCIES 12.84 .086 42.37 EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .00 .000 .00 0 .00 .00 RESPIRATORY CARE PRACT. .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .000 ALL OTHER PROVIDERS 602.28 9.87 .001 55 61 10.95 .01 4,383 772,987.54 \$ .104 \$ 5187.84 \$ @CALIF. CHILDREN SERVICES\* 176.36 18.42 @XOVER EXCLUDING STATE HOSP\*\* 1,039.57 49.50 .001 \$ 259.89 \$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,137 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

LAKE COUNTY	SUMMARY OF SERV	VICES FOR CASH GRANT -	- TOTAL				
							GE
88,135 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	62 <b>,</b> 545	1,079,595 \$	41,034,461.65	\$ 38.01	12.249	\$ 656.08	\$ 465.59
@PHYSICIANS SERVICES	15 <b>,</b> 626	49,330 \$	1,889,076.07	\$ 38.29	.560	\$ 120.89	\$ 21.43
OUTPATIENT VISITS	7,702	11,501	500,744.62	43.54	.130	65.01	5.68
OFFICE VISITS	3,054	3,956	134,510.19	34.00	.045	44.04	1.53
HOME VISITS	4	6	385.90	64.32	.000	96.48	.00
EMERGENCY ROOM	4,657	5 <b>,</b> 631	337,584.45	59.95	.064	72.49	3.83
PREVENTIVE CARE	6	6	218.24	36.37	.000	36.37	.00
OB VISITS/COMPRE PERI	194	1,689	21,203.10	12.55	.019	109.29	.24
	186	213	6,842.74	32.13	.002	36.79	.08
OTHER OUTPATIENT	748	3,301				259.51	2.20
INPATIENT VISITS		•	194,111.10	58.80	.037		
HOSPITAL VISITS	638	2,701	123,806.69	45.84	.031	194.05	1.40
CRITICAL CARE	105	455	65,559.75	144.09	.005	624.38	.74
SNF/ICF/TRANS IP CARE	100	145	4,744.66	32.72	.002	47.45	.05
OPHTHALMOLOGICAL SERVICES	289	332	13,210.88	39.79	.004	45.71	.15
EXAMINATIONS	289	331	13,175.59	39.81	.004	45.59	.15
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	551	3,639	261,673.73	71.91	.041	474.91	2.97
PRINCIPAL SURGEON	370	512	203,013.08	396.51	.006	548.68	2.30
ASSISTANT SURGEON	35	35	7,645.06	218.43	.000	218.43	.09
ANESTHESIOLOGIST	222	3,092	51,015.59	16.50	.035	229.80	.58
OUTPATIENT SURGERY	1,412	4,230	272,356.76	64.39	.048	192.89	3.09
PRINCIPAL SURGEON	1,187	1,596	223,635.14	140.12	.018	188.40	2.54
ASSISTANT SURGEON	5	5	612.37	122.47	.000	122.47	.01
ANESTHESIOLOGIST	297	2,629	48,109.25	18.30	.030	161.98	.55
	41	2,629	21,041.02		.003	513.20	.24
DIALYSIS				86.23			
PATHOLOGY	1,093	2,224	44,933.18	20.20	.025	41.11	.51
RADIOLOGY	4,773	8,306	247,524.53	29.80	.094	51.86	2.81
PSYCHIATRY	2	13	217.21	16.71	.000	108.61	.00
IMMUNIZATION AND INJECTION	177	1,933	49,743.71	25.73	.022	281.04	.56
OTHER SERVICES/ALL X-OVERS	4,938	13,607	283,519.33	20.84	.154	57.42	3.22
@PHARMACY	42,816	661 <b>,</b> 798 \$	15,581,614.36	\$ 23.54	7.509		•
PRESCRIPTION DRUGS	42,349	182 <b>,</b> 361	15,034,434.26	82.44	2.069	355.01	170.58
SNF/ICF	345	2,663	222,707.05	83.63	.030	645.53	2.53
OUTPATIENTS	42,034	179,698	14,811,727.21	82.43	2.039	352.37	168.06
MEDICAL SUPPLIES	3,730	479,437	547,180.10	1.14	5.440	146.70	6.21
@DENTIST	1,900	8,474 \$	365,061.62	\$ 43.08	.096	\$ 192.14	\$ 4.14
VISITS - DIAGNOSTIC	1,276	4,745	72,248.33	15.23	.054	56.62	.82
ORAL SURGERY	326	1,257	70,187.30	55.84	.014	215.30	.80
DRUGS	39	48	1,050.00	21.88	.001	26.92	.01
ANESTHESIA	47	47	4,600.00	97.87	.001	97.87	.05
PERIODONTICS	16	22	1,601.12	72.78	.000	100.07	.02
ENDODONTICS	182	338	59,038.00	174.67	.004	324.38	.67
RESTORATIVE DENTISTRY	563	1,625	94,465.05	58.13	.018	167.79	1.07
	4	4	120.00	30.00	.000	30.00	.00
PROSTHETICS	=						
DENTURES, STAYPLATES	116	282	55,502.75	196.82	.003	478.47	.63
SPACE MAINTAINERS	12	17	1,911.00	112.41	.000	159.25	.02
MAXILLOFACIAL SERVICES	6	6	448.07	74.68	.000	74.68	.01
FRACTURES, DISLOCATIONS	0	1	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	32	43	3,815.00	88.72	.000	119.22	.04
ALL OTHER SERVICES	33	39	75.00	1.92	.000	2.27	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,138 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

----- MONTHLY AVERAGE -----

LAKE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

							M	ONT	HLY AVERA	GE.	
88,135 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CAR	Ξ		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2,125	5,982	\$	127,877.46	\$	21.38	.068	\$	60.18	\$	1.45
DIAGNOSTIC AND ANC. PROCED	1,056	1,076		47,196.54		43.86	.012		44.69		.54
EYE APPLIANCES	1,755	4,714		76,307.96		16.19	.053		43.48		.87
OTHER OPTOMETRIC SERVICES	118	192		4,372.96		22.78	.002		37.06		.05
@CHIROPRACTOR	285	425	\$	7,067.72	\$	16.63	.005	\$	24.80	\$	.08
VISITS	259	396		6,612.76	·	16.70	.004		25.53		.08
OTHER SERVICES	26	29		454.96		15.69	.000		17.50		.01
@PODIATRIST	69	94	\$	1,350.44	\$	14.37	.001	Ś	19.57	Ś	.02
MEDICINE/INJECTIONS	13	14	т	412.70	т	29.48	.000	Τ.	31.75	т	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	56	80		937.74		11.72	.001		16.75		.01
@HOME HEALTH AGENCY	472	5 <b>,</b> 980	\$	268,739.51	\$	44.94	.068	ċ	569.36	Ċ	3.05
-		•									
NURSE ANESTHESIST	93	712	\$	11,857.51	\$	16.65	.008		127.50		.13
NURSE MIDWIFE	4	19	\$	696.08	\$	36.64	.000	Ş	174.02	Ş	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	4	4	\$	153.50	\$	38.38	.000		38.38		.00
@TOTAL HOSPITAL	16,215	85 <b>,</b> 921	\$	13,542,607.94	\$		.975	\$	835.19	\$	153.66
HOSP INPATIENT TOTAL	1,182	4,496		11,616,175.60		2583.67	.051		9827.56		131.80
HSC HOSPITALS	115	816		1,296,850.05		1589.28	.009		11276.96		14.71
NON-HSC HOSPITAL TOTAL	112	3,680		10,037,505.45		2727.58	.042		13001.95		113.89
ACCOMMODATIONS	766	3,680		3,117,617.56		847.18	.042		4070.00		35.37
ADMINISTRATIVE DAYS	3	3		330.65		110.22	.000		110.22		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	763	3,677		3,117,286.91		847.78	.042		4085.57		35.37
ANCILLARIES	771	0		6,919,887.89		.00	.000		8975.21		78.51
INPATIENT CROSSOVERS	310	0		281,820.10		.00	.000		909.10		3.20
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	15,692	81,425		1,926,432.34		23.66	.924		122.77		21.86
MEDICAL	2,888	4,926		227,622.64		46.21	.056		78.82		2.58
SURGERY	647	754		45,983.97		60.99	.009		71.07		.52
PATHOLOGY	6 <b>,</b> 528	27,811		356,984.92		12.84	.316		54.69		4.05
RADIOLOGY	4,258	6,199		484,146.85		78.10	.070		113.70		5.49
ROOM USE	6 <b>,</b> 083	8,057		343,737.62		42.66	.091		56.51		3.90
CROSSOVERS/ALL OTH OUTPINT	7,287	33,678		467,956.34		13.90	.382		64.22		5.31
@COUNTY HOSPITAL TOTAL	91	534	Ś		\$		.006	Ċ	451.86	Ċ	.47
CO HOSPITAL INPATIENT TOTAL	8	21	۲	24,368.60	۲	1160.41	.000	۲	3046.08	۲	.28
	-	19		21,065.00		1100.41	.000		3510.83		.24
NON HES HOSPITALS	6 1 0 0 1	2		•		1225.16					
NON-HSC HOSPITALS TOTAL	1	2		2,450.32		1225.16	.000		2450.32		.03
ACCOMMODATIONS	Ι	2		1,231.20		615.60	.000		1231.20		.01
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		1,231.20		615.60	.000		1231.20		.01
ANCILLARIES	1	0		1,219.12		.00	.000		1219.12		.01
INPATIENT CROSSOVERS	1	0		853.28		.00	.000		853.28		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	86	513		16,750.61		32.65	.006		194.77		.19
MEDICAL	45	66		1,831.59		27.75	.001		40.70		.02
SURGERY	17	30		3,248.90		108.30	.000		191.11		.04
PATHOLOGY	25	121		2,166.19		17.90	.001		86.65		.02

RADIOLOGY 15 35 2,621.45 74.90 .000 174.76 .03 109 ROOM USE 66 4,789.84 43.94 .001 72.57 .05 CROSSOVERS/ALL OTH OUTPTNT 39 152 2,092.64 13.77 .002 53.66 .02 PAGE 5,139 #CALIF DEPT OF HEALTH SERV

HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

MOP024

LAKE COUNTY	SUMMARY OF SER	VICES FOR CASH GRAN	NT - 1	TOTAL							
							MC			GE.	
88,135 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		VERAGE COST		3			COST PER
		OR DAYS OF CARE				ER UNIT/DAY			USER		ELIGIBLE
	16,147	•		13,501,488.73		158.12	.969	\$		\$	153.19
COMM HOSP INPATIENT TOTAL	1,174	4,475		11,591,807.00		2590.35	.051		9873.77		131.52
HSC HOSPITALS	109	797		1,275,785.05		1600.73	.009		11704.45		14.48
NON-HSC HOSPITALS TOTAL	771	3 <b>,</b> 678		10,035,055.13		2728.40	.042		13015.64		113.86
ACCOMMODATIONS	765	3,678		3,116,386.36		847.30	.042		4073.71		35.36
ADMINISTRATIVE DAYS	3	3		330.65		110.22	.000		110.22		.00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	0	0 3 <b>,</b> 675		.00		.00	.000		.00		.00
ALL OTHER ACCOM	762	3,675		3,116,055.71		847.91	.042		4089.31		35.36
ANCILLARIES	770	0		6,918,668.77		.00	.000		8985.28		78.50
INPATIENT CROSSOVERS	309	0		280,966.82		.00	.000		909.28		3.19
ALL OTHER INPATTENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATTENT TOTAL	15 627	80,912		1,909,681.73		23.60	.918		122.20		21.67
MEDICAL	2,846	4,860		225,791.05		46.46	.055		79.34		2.56
SURGERY	630	724		42,735.07		59.03	.008		67.83		.48
PATHOLOGY	6 <b>,</b> 506	27,690		354,818.73		12.81	.314		54.54		4.03
RADIOLOGY	4,245	6,164		481,525.40		78.12	.070		113.43		5.46
	6,025					42.65	.070		56.26		3.85
ROOM USE	0,025	7,948		338,947.78							
CROSSOVERS/ALL OTH OUTPTNT	7,251	33,526	<u>^</u>	465,863.70		13.90	.380	<u> </u>	64.25	<u>^</u>	5.29
@STATE HOSPITAL	U		\$	.00			.000	Ş	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	269	-,	\$	839,101.55				\$	3119.34	\$	9.52
LEV A-INTERMEDIATE	0 0 0 269 0	0 13 0 0 0 0 6,218		.00		.00	.000		.00		.00
TEA D-VEUMD MD	1	13		1,885.78		145.06	.000		1885.78		.02
LEV B-SUBACUTE FREESTANDING	0	0		1,682.96		.00	.000		.00		.02
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0 268 4	6,218		835,532.81		134.37	.071		3117.66		9.48
@INTERMEDIATE CARE FACILDD	4	94	\$	16,207.92	\$	172.42	.001	\$	4051.98	\$	.18
ICF DDH	4	94		16,207.92		172.42	.001		4051.98		.18
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	205	7,392	\$	265,834.02				Ś	1296.75	Ś	3.02
HOSPITAL BASED	0	0	7	.00		.00	.000	т	.00	т.	.00
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY	205	7,392		265,834.02		35.96	.084		1296.75		3.02
GREHARII.TTATION FACII.TTV	1 4	137	S	2,690.64				¢	192.19	Ġ	.03
UCCDITAL PACED	0	66	Y	1,837.43		27.84	.001	Y	229.68	Y	.02
TNDEDENDEND EXCTITUV	6	71		853.21		12.02	.001		142.20		.01
INDEPENDENT FACILITY	1 1 4 2	71 4 <b>,</b> 179 \$	Ś	60,302.46				<b>~</b>	52.76	ċ	.68
CLABORATORY FACILITY	1,143	4,179	<del>ڳ</del>				.047	Þ		Þ	
	,	,		59,874.95		14.47	.047		52.99		.68
XO AND OTHERS	13	41	_	427.51		10.43	.000	_	32.89	_	.00
@ORGANIZED OUTPATIENT CLINIC	29,417	<b>,</b>	\$	6,192,322.37			.607	Ş		Ş	70.26
CLINIC	157	570		21,772.51		38.20	.006		138.68		.25
SURGICENTER	88	371		19,281.84		51.97	.004		219.11		.22
HEROIN DETOX CLINIC	1	18		213.11		11.84	.000		213.11		.00
RURAL HEALTH CLINIC	157 88 1 29,242	52 <b>,</b> 567		6,151,054.91		117.01	.596		210.35		69.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES	S MONT	TH-OF-PAYMENT	REPO	RT FOR JAN 2	2004 THRU I	DEC	2004	F	PAGE 5,140

LAKE COONII	SUMMANT OF SEN	VICES FOR CASH GRANT	IOIAL				
					MON		-
88,135 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	8 <b>,</b> 879	189,297 \$	1,861,900.48	\$ 9.84	2.148 \$	209.70	\$ 21.13
DURABLE MED. EQUIP.	896	2 <b>,</b> 757	479,839.14	174.04	.031	535.53	5.44
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12	14	8,856.05	632.58	.000	738.00	.10
MEDICAL TRANSPORTATION	1,727	124,596	585 <b>,</b> 878.69	4.70	1.414	339.25	6.65
AMBULANCES/AIR TRANS	1,409	20,069	263,551.33	13.13	.228	187.05	2.99
OTHER TRANS	279	103,609	213,840.90	2.06	1.176	766.45	2.43
OTHER SERVICES	140	918	108,486.46	118.18	.010	774.90	1.23
ACUPUNCTURE	498	1,248	21,208.15	16.99	.014	42.59	.24
ADULT DAY HEALTH CARE CTR	5	91	5,821.40	63.97	.001	1164.28	.07
GENETIC DISEASE TESTING	34	34	3,570.00	105.00	.000	105.00	.04
IHMC, MODEL-NF, NF, AIDS, MSSP	715	3 <b>,</b> 514	338,102.94	96.22	.040	472.87	3.84
OCCUPATIONAL THERAPIST	8	58	782.75	13.50	.001	97.84	.01
OPTICIAN	1,765	4,413	43,890.70	9.95	.050	24.87	.50
PHYSICAL THERAPIST	200	1 <b>,</b> 677	24,502.27	14.61	.019	122.51	.28
PORTABLE X-RAY	3	5	78.06	15.61	.000	26.02	.00
PROSTHETIST/ORTHOTISTS	121	410	47,184.50	115.08	.005	389.95	.54
PROSTHETICS	121	410	47,184.50	115.08	.005	389.95	.54
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	5	27	1,353.22	50.12	.000	270.64	.02
SPEECH AND AUDIOLOGY	232	691	46,901.47	67.87	.008	202.16	.53
HOSPICE SERVICES	22	406	47,087.87	115.98	.005	2140.36	.53
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,601	12,102	130,668.24	10.80	.137	81.62	1.48
EPSDT SUPPLEMENTAL SERVICE	1	4	250.00	62.50	.000	250.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1,732	37 <b>,</b> 250	75,925.03	2.04	.423	43.84	.86
@CALIF. CHILDREN SERVICES*	482	17,140	\$ 1,164,858.47	\$ 67.96	.194	\$ 2416.72 \$	13.22
@XOVER EXCLUDING STATE HOSP**	6,872	83,309	\$ 1,133,750.35	\$ 13.61	.945	\$ 164.98 \$	12.86

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,141 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MOPU24	FEE-FOR-SERVIC				<b></b>			03/	14/03
LAKE COUNTY	SUMMARY OF SER	JICES FOR 185% PR	OGRAM	- INFANTS	AID CODES 47				
						MON			
629 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGI	
@TOTAL, ALL PROVIDERS	360	1,317	\$	337,866.05	\$ 256.54	2.094 \$	938.52	\$ 537	.15
@PHYSICIANS SERVICES	86	288	\$	36,076.29	\$ 125.26	.458 \$	419.49	\$ 57	.35
OUTPATIENT VISITS	54	60		2,503.90	41.73	.095	46.37	3	.98
OFFICE VISITS	26	28		844.28	30.15	.045	32.47	1	.34
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	29	31		1,624.93	52.42	.049	56.03		.58
PREVENTIVE CARE	1	1		34.69	34.69	.002	34.69		.06
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
	14				152.54				
INPATIENT VISITS		174		26,541.78		.277	1895.84		.20
HOSPITAL VISITS	8	23		1,223.86	53.21	.037	152.98		.95
CRITICAL CARE	10	151		25,317.92	167.67	.240	2531.79		.25
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	3	3		150.67	50.22	.005	50.22		.24
EXAMINATIONS	3	3		150.67	50.22	.005	50.22		.24
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	3	10		1,700.88	170.09	.016	566.96	2	.70
PRINCIPAL SURGEON	2	2		1,319.75	659.88	.003	659.88	2	.10
ASSISTANT SURGEON	1	1		194.52	194.52	.002	194.52		.31
ANESTHESIOLOGIST	1	7		186.61	26.66	.011	186.61		.30
OUTPATIENT SURGERY	2	6		342.18	57.03	.010	171.09		.54
PRINCIPAL SURGEON	1	1		120.63	120.63	.002	120.63		.19
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	ĺ	5		221.55	44.31	.008	221.55		.35
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	1		2.78	2.78	.002	2.78		.00
RADIOLOGY	18	19		230.06	12.11	.030	12.78		.37
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	4	6		4,151.18	691.86	.010	1037.80		.60
OTHER SERVICES/ALL X-OVERS	7	9		452.86	50.32	.014	64.69		.72
@PHARMACY	110	196	\$	5,024.76	\$ 25.64	.312 \$			.99
-	110	196	ې		25.64		45.68	•	.99
PRESCRIPTION DRUGS				5,024.76		.312			
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	110	196		5,024.76	25.64	.312	45.68		.99
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$	.00	\$ .00	.000 \$		•	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN 20	04 THRU DEC	2004	PAGE 5,142
MOP024	FEE-FOR-SERVICE/DENTAI	J					03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FO	OR 185% PROGRA	M - INFANTS AID	CODES 47 6	9		
				_	MONT	HLY AVERAG	E
COO DI TOTDI DO	HODDO HNIDO	OF CEDITOR	DADDAD THIDDO 377D	DACE COOR II	NITHO / DAVO	COCH DED	COCH DED

LAKE COUNTY	SUMMARY OF SERV	ICES FOR	182% PR	COGRAM -	INFANTS	AΙ	D CODES 47					
								MC	ГИC	THLY AVERA	GE.	
629 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS	OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	Ś	.00	.000	Ś	.00	Ś	.00
DIAGNOSTIC AND ANC. PROCED	0		0	Υ	.00	Ψ	.00	.000	Ψ	.00	۲	.00
	0											
EYE APPLIANCES	-		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0		0	Υ	.00	Y	.00	.000	۲	.00	۲	.00
	0		0									
SURGERY/ANES.	•		•		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2		4	\$	209.98	\$	52.50	.006	\$	104.99	\$	.33
NURSE ANESTHESIST	0		0	Ś	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	ŭ		0	\$	.00	\$	.00		\$	.00	\$	.00
	0		0	۶ \$								
FAMILY NURSE PRACTITIONER			-		.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	75		407	\$		\$	611.11	.647			\$	395.42
HOSP INPATIENT TOTAL	10		215		244,073.61		1135.23	.342		24407.36		388.03
HSC HOSPITALS	6		113		191,390.00		1693.72	.180		31898.33		304.28
NON-HSC HOSPITAL TOTAL	4		102		52,683.61		516.51	.162		13170.90		83.76
ACCOMMODATIONS	4		102		8,916.60		87.42	.162		2229.15		14.18
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
	0											
ALL OTHER ACCOM	4		102		8,916.60		87.42	.162		2229.15		14.18
ANCILLARIES	4		0		43,767.01		.00	.000		10941.75		69.58
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	67		192		4,646.48		24.20	.305		69.35		7.39
MEDICAL	10		11		782.40		71.13	.017		78.24		1.24
SURGERY	1		1		66.93		66.93	.002		66.93		.11
PATHOLOGY	21		80		790.48		9.88	.127		37.64		1.26
	16											
RADIOLOGY			16		562.93		35.18	.025		35.18		.89
ROOM USE	42		47		1,806.90		38.44	.075		43.02		2.87
CROSSOVERS/ALL OTH OUTPINT	28		37		636.84		17.21	.059		22.74		1.01
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		Ō		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
	MEDI-CAL SERVICE		TIRES MON					PAGE 5,143
	FEE-FOR-SERVICE		.01(101		BIORT TOR OTH	2001 IIIKO DL	10 2001	03/14/05
	SUMMARY OF SERVI		PROGRAM	- TNFANTS	AID CODES 47	69		03/11/03
HILL COOMIT	DOIMING OF BEILVE	ICED TOIL TOO	110010111	11/11/11/10	1110 00000 17		ITHLY AVERAG	E
629 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CA		EXILINDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	75	407	\$	248,720.09	\$ 611.11		3316.27	
COMM HOLD INDUSTRIAL TOTAL	10	215	Y		1135.23	.342	24407.36	388.03
	6			244,073.61				
HSC HOSPITALS	6	113		191,390.00	1693.72	.180	31898.33	304.28
NON-HSC HOSPITALS TOTAL	4	102		52,683.61	516.51	.162	13170.90	83.76
ACCOMMODATIONS	4	102		8,916.60	87.42	.162	2229.15	14.18
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	102		8 <b>,</b> 916.60	87.42	.162	2229.15	14.18
ANCILLARIES	4	0		43,767.01	.00	.000	10941.75	69.58
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	67	192		4,646.48	24.20	.305	69.35	7.39
MEDICAL	10	11		782.40	71.13	.017	78.24	1.24
SURGERY	1	1		66.93	66.93	.002	66.93	.11
PATHOLOGY	21	80		790.48	9.88	.127	37.64	1.26
RADIOLOGY	16	16		562.93	35.18	.025	35.18	.89
ROOM USE	42	47		1,806.90	38.44	.075	43.02	2.87
CROSSOVERS/ALL OTH OUTPTNT	28	37		636.84	17.21	.059	22.74	1.01
@STATE HOSPITAL	0	0	Ś	.00	\$ .00	.000 \$		
-	0	•	Ş		•			·
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	•	0	_	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000 \$		·
LEV A-INTERMEDIATE	O	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000 \$		\$ .00
HOSPITAL BASED	Õ	0	т.	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000		\$ .00
-	0	•	ٻ					
HOSPITAL BASED	ŭ	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	Ċ	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	2	\$	20.54	\$ 10.27	.003 \$		
PATHOLOGY	1	2		20.54	10.27	.003	20.54	.03
XO AND OTHERS	0	0		.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC			47,360.26		·	184.28	
CLINIC	1	1		32.62	.002	32.62	.05
SURGICENTER	0	0	.00		.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	. ()()	.000	.00	.00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	256	410	47 <b>,</b> 327.64	115.43	.652	184.87	75.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT R	REPORT FOR JAN 2	2004 THRU DEG	C 2004	PAGE 5,144
MOP024	FEE-FOR-SERVICE	I/DENTAL					03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	- INFANTS	AID CODES 47	69		
					MON'	THLY AVERA	GE
629 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	4	9 \$	454.13	\$ 50.46	.014 \$	113.53	\$ .72
DURABLE MED. EQUIP.	2	2	199.98	99.99	.003	99.99	.32
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0			.000	.00	.00
MEDICAL TRANSPORTATION	2	7	.00 254.15	36.31	.011	.00 127.08	.40
AMBULANCES/AIR TRANS	2.	7	254.15	36.31		127.08	.40
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACIIPIINCTIIRE	0	0	.00	.00	000	.00	.00
ADIILT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	000	.00	.00
TUMO MODEL NE NE NIDO MOOD	0	0	.00	.00	.000	.00	.00
OCCUDATIONAL TURDADIST	0	0	.00	.00	.000	.00	.00
ODTICIAN	0	0	.00	.00	.000	.00	.00
OTHER SERVICES  ACUPUNCTURE  ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	0	9 \$ 2 0 0 7 7 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00	.00	.000	.00	.00
PODMADIE V DAV	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0			.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00			.00
PROSTHETICS	U	U	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	Ü	0	.00	.00	.000 .000 .000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00			.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00			.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	13	336 Ş	211,712.87	\$ 630.10			\$ 336.59
@XOVER EXCLUDING STATE HOSP*	٠ 0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPAR	ATE INFORMATION ITEM ON	LY;				
THE AMOUNTS ARE ALREADY IN	NCLUDED IN THE AF	PROPRIATE DETAIL LINES	ABOVE.				
** THESE DATA ARE INCLUDED 1	IN THE APPROPRIAT	E DETAIL LINES ABOVE.					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT R	REPORT FOR JAN 2	2004 THRU DEC	C 2004	PAGE 5,145
MOP024	FEE-FOR-SERVICE	J/DENTAL					03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	- PREGNANT A	ID CODES 44 48	49		
					MONT	THLY AVERA	GE
785 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	833	6,157 \$	662,951.53	\$ 107.67	7.843 \$		
@PHYSICIANS SERVICES	389	2,212 \$	61,138.77	\$ 27.64	2.818 \$		
OUTPATIENT VISITS	196	1,488	18,355.72	12.34	1.896	93.65	23.38
OFFICE VISITS	14	18	508.08	28.23	.023	36.29	.65
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	24	24	1,461.15	60.88	.031	60.88	1.86
PHEROPIACT ROOM	24	21	1, 401.13	00.00	.031	00.00	1.00

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	162	1,446	16,386.49	11.33	1.842	101.15	20.87
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	39	97	6,071.53	62.59	.124	155.68	7.73
HOSPITAL VISITS	37	76	3,332.69	43.85	.097	90.07	4.25
CRITICAL CARE	4	21	2,738.84	130.42	.027	684.71	3.49
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	64	313	28,573.55	91.29	.399	446.46	36.40
PRINCIPAL SURGEON	46	48	22,447.28	467.65	.061	487.98	28.60
ASSISTANT SURGEON	4	4	666.63	166.66	.005	166.66	.85
ANESTHESIOLOGIST	26	261	5,459.64	20.92	.332	209.99	6.95
OUTPATIENT SURGERY	36	82	1,508.24	18.39	.104	41.90	1.92
PRINCIPAL SURGEON	34	60	1,090.77	18.18	.076	32.08	1.39
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	22	417.47	18.98	.028	139.16	.53
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	55	68	1,655.96	24.35	.087	30.11	2.11
RADIOLOGY	114	130	3,757.47	28.90	.166	32.96	4.79
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	8	176.57	22.07	.010	44.14	.22
OTHER SERVICES/ALL X-OVERS	18	26	1,039.73	39.99	.033	57.76	1.32
@PHARMACY	228	450	\$ 14,193.71	\$ 31.54	.573	\$ 62.25	\$ 18.08
PRESCRIPTION DRUGS	220	397	11,371.91	28.64	.506	51.69	14.49
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	220	397	11,371.91	28.64	.506	51.69	14.49
MEDICAL SUPPLIES	25	53	2,821.80	53.24	.068	112.87	3.59
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITU	IRES MO		EPORT			DEC		P	AGE 5,146
MOP024	FEE-FOR-SERVICE		7100 110	TVIII OI IIIIIIIIVI IO	LI OI(I	2 010 01110 2	2001 111110		, 2001		03/14/05
LAKE COUNTY		VICES FOR 185% F	ROGRAM	- PREGNANT A	TD COD	ES 44 48	49				03/11/03
HING COONTI	DOINING OF BEIN	VICES FOR 1000 F	10010111		ID COD	DD 11 10	M	ONT	HIY AVERA	GE	
785 ELIGIBLES	USERS	UNITS OF SERVIC	'E	EXPENDITURES	AVER	AGE COST	UNITS/DAY			-	COST PER
700 11101111111111111111111111111111111	ОВЫКВ	OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	01 21115 01 011	\$	.00	Ś	.00	.000		.00		.00
DIAGNOSTIC AND ANC. PROCED	0	0	Ÿ	.00	Υ	.00	.000	٧	.00	7	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	¢	.00	Ġ	.00
VISITS	0	0	Y	.00	٧	.00	.000	Y	.00	Y	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	Ś	.00	\$	.00	.000	Ġ	.00	Ġ	.00
MEDICINE/INJECTIONS	0	0	Y	.00	Y	.00	.000	Ÿ	.00	Y	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	42	50	\$	2,982.59	\$	59.65		\$	71.01	Ċ	3.80
NURSE ANESTHESIST	1	6	ç	113.93	\$	18.99	.008	\$	113.93	\$	.15
NURSE MIDWIFE	4	31	ç	524.46	\$	16.92	.039	\$	131.12	\$ \$	.67
PEDIATRIC NURSE PRACTITIONER	-	0	\$			.00	.000	\$	.00	-T	.00
FAMILY NURSE PRACTITIONER	0	0	ç	.00		.00		\$	.00		.00
@TOTAL HOSPITAL	390	1,871	۶ \$	449,417.97					1152.35		.00 572.51
HOSP INPATIENT TOTAL	69	269	Ų	415,335.92		544.00	.343	۲	6019.36	۲	529.09
HSC HOSPITALS	1	5		7,800.00		560.00	.006		7800.00		9.94
NON-HSC HOSPITAL TOTAL	68	264		407,535.92		543.70	.336		5993.18		519.15
ACCOMMODATIONS	68	264		143,374.23		543.70	.336		2108.44		182.64
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	68	264		143,374.23		543.08	.336		2108.44		182.64
	68	0		264,161.69		.00	.000		3884.73		336.51
ANCILLARIES INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	353										
HOSP OUTPATIENT TOTAL MEDICAL	353 15	1,602 20		34,082.05 609.84		21.27 30.49	2.041		96.55 40.66		43.42 .78
	15 50	20 91									
SURGERY	251	91		2,246.34 15,227.14		24.69 15.26	.116 1.271		44.93 60.67		2.86 19.40
PATHOLOGY	251 113										
RADIOLOGY	85	132 131		8,341.11		63.19 35.45	.168 .167		73.82 54.64		10.63 5.92
ROOM USE		230		4,644.35 3,013.27		13.10	.293		37.67		3.84
CROSSOVERS/ALL OTH OUTPINT	80	230	¢	3,013.27	Ċ	13.10	.293	Ċ	37.67	ċ	

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CO HOSPITAL INPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

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0

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	0.00	0.0		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
	0	0						.00
ANCILLARIES	0	0	.00	.00	.000	.00		
INPATIENT CROSSOVERS	U	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	U		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000			.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	• 0 0		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES N	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	004 THRU DE	C 2004		AGE 5,147
MOP024	FEE-FOR-SERVICE							03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRA	AM - PREGNANT A	ID CODES 44 48	49			
					MON'	THLY AVERA	GE	
785 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL  COMM HOSP INPATIENT TOTAL	USERS	UNITS OF SERVICE		AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	390	1 <b>,</b> 871 \$	449,417.97 415,335.92	\$ 240.20	2.383 \$	1152.35	\$	572.51
COMM HOSP INPATIENT TOTAL	69	269	415,335.92	1544.00	.343	6019.36		529.09
HSC HOSPITALS	1	5	7,800.00	1560.00	.006	7800.00		9.94
NON-HSC HOSPITALS TOTAL	68	5 264	407,535.92	1543.70	.336	5993.18		519.15
ACCOMMODATIONS	68	264	143,374.23	543.08	.336	2108.44		182.64
ADMINISTRATIVE DAYS	68 0	5 264 264 0 0 264 0 0 0	7,800.00 407,535.92 143,374.23 .00	PER UNIT/DAY \$ 240.20 1544.00 1560.00 1543.70 543.08 .00 .00 543.08 .00	.000	7800.00 5993.18 2108.44		.00
TRANSITIONAL IP CARE	0 68 68	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	68	264	143,374.23	543.08	.336	.00 2108.44 3884.73		182.64
ANCILLARIES	68	0	264,161.69	.00	.000	3884.73		336.51
INPATIENT CROSSOVERS	0	264 0 0 0 1,602 20	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00 .00 96.55 40.66 44.93 60.67 73.82 54.64 37.67 .00		.00
COMM HOSP OUTPATIENT TOTAL	353	1.602	34.082.05	21.27	2.041	96.55		43.42
MEDICAL	15	20	609.84	30.49	.025	40.66		.78
SURGERY	50	91	2,246.34	21.27 30.49 24.69 15.26	116	44 93		2.86
PATHOLOGY	251	998	15,227.14	15.26	1.271	60.67		19.40
RADIOLOGY	112	122	8,341.11	63 19	168	73 82		10.63
ROOM USE	85	131	4,644.35	63.19 35.45	167	54 64		5.92
CROSSOVERS/ALL OTH OUTPTNT		230	3,013.27	13.10	203	37 67		3.84
@STATE HOSPITAL	0	0 \$	.00		.000 \$	.00	Ċ	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	Y	.00
DEVELOP. DISABLED	0	0	.00	.00	.000			.00
@NURSING FACILITY	0	0 \$	.00		.000 \$			.00
	0	0 9	.00	.00				
LEV A-INTERMEDIATE	U	0			.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		.00	.00				
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	ċ	.00

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ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	0		0	\$		.00	\$	.00	.00	0 \$	.00	\$	.00
HOSPITAL BASED	0		0			.00		.00		0			.00
INDEPENDENT FACILITY	0		0			.00		.00	.00	0	0.0		.00
@LABORATORY FACILITY	15		28	\$	5	01.83	\$	17.92 17.92	.03	6 \$	33.46		.64
PATHOLOGY	15		28		5	01.83		17.92	.03	6	33.46		.64
XO AND OTHERS	0		0			.00		.00	.00	0	.00 280.30		.00
@ORGANIZED OUTPATIENT CLINIC	385		835	Ś	107.9	15.43	Ś	129.24	1.06	4 S	280.30	Ś	137.47
CLINIC	4		19		8	886.15	'	46.64	.02	4	221.54		1.13
SURGICENTER	0		0			.00		.00	.00	0	.00		.00
HEROIN DETOX CLINIC	0		0			. 0.0		. 0.0	. 00	0	. 0.0		. 0.0
RURAL HEALTH CLINIC	381		816		107.0	29.28		131.16	1.03	9	280.92		136.34
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXI	PENDTTU	RES MON'	TH-OF-PAY	MENT RF	PORT	FOR JAN 2	2004 THR	J DEO	C 2004	PA	F 5.148
MOP024	FEE-FOR-SERVICE	E/DENTAL		11011	0					0 22	0 2001		03/14/05
LAKE COUNTY	SUMMARY OF SERV	ITCES FOR	185% P	ROGRAM .	- PREGNAN	IT AT	ום ככ	DES 44 48	49				
EIIICE COONTT	DOINING OF BEIN	, rond ron	10001	110014111	I IUDOIVIII		100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		MON	THLY AVERAG	F	
### COUNTY  785 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN	USERS	UNITS OF	SERVIC	E	EXPENDI	TURES	AVE	RAGE COST	UNITS/D	AYS	COST PER	C	OST PER
700 22101222	002110	OR DAYS	OF CAR	E		101120	PER	HINTT/DAY	PER EL	TG	USER	E	LIGIBLE
GALL OTHER PROVIDERS	51	OIC DIIID	674	Ś	26 1	62 84	Ś	38 82	85	9 5	513 00	Ś	33 33
DURABLE MED EQUIP	5		5	7	1 0	152 25	т	210 45	00	6	210 45	Τ	1 34
BIOOD BANK	0		0		1,0	00		00	00	n	210.45		1.04
HEARING AID DISPENSERS	0		0			00		00	00	n N	00		00
MEDICAL TRANSPORTATION	17		639		22 (	140 46		34 49	81	4	1296 50		28 08
AMBIITANCES/ATD TDANS	15		630		22,0	215 46		1/1 63	.01	3	614 36		11 7/
OTHER TRANS	10		0.50		9,2	00.10		14.03	.00	) )	014.50		11.74
OTHER INANS	9		a		12 9	25 00		1425 00	01	1	1425 00		16 34
ACIDINGHIDE	0		0		12,0	00		1423.00	.01	∩ 	1425.00		10.54
ACUPUNCIURE	0		0			.00		.00	.00	n n	.00		.00
CENEMIC DICEAGE MECMING	27		27		2 0	.00		105 00	.00	4	105 00		2 61
TUMO MODEL NE ME AIDO MOOD	27		2 /		۷,0	00		103.00	.03	<u>.</u>	103.00		0.01
OCCUPATIONAL THEDADECT	0		0			.00		.00	.00	0	.00		.00
OCCUPATIONAL INERAPIST	0		0			.00		.00	.00	0	.00		.00
OPIICIAN	0		0			.00		.00	.00	0	.00		.00
PHISICAL THERAPIST	0		0			.00		.00	.00	0	.00		.00
PORTABLE X-RAI	1		1		1	.00		144.40	.00	U 1	144 40		.00
PROSTHETIST/ORTHOTISTS	1		1		1	.44.48		144.48	.00	1	144.48		.18
PROSTHETICS	1		Τ		1	.44.48		144.48	.00		144.48		.18
DOVIDUOTICS	0		0			.00		.00	.00	0	.00		.00
PSYCHOLOGIST	0		0			.00		.00	.00	0	.00		.00
SPEECH AND AUDIOLOGY	0		0			.00		.00	.00	0	.00		.00
HOSPICE SERVICES	0		0			.00		.00	.00	0	.00		.00
NONINST BIRTHING CENTERS	0		0			.00		.00	.00	0	.00		.00
LOCAL EDUCATION AGENCIES	0		0			.00		.00	.00	0	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0		0			.00		.00	.00	0	.00		.00
RESPIRATORY CARE PRACT.	U		0			.00		.00	.00	0	.00		.00
PED SUBACUTE REHAB/WEANING	0		0			.00		.00	.00	0	.00		.00
ALL OTHER PROVIDERS	1		2		F.C. C	90.65		45.33	.00	3	90.65	- 4	.12
@CALIF. CHILDREN SERVICES*	1		41CR	. Ş	56,8	362.23CF	λ \$	1386.88	.05	2CR\$	56862.23CI	35	72.44CR
@XOVER EXCLUDING STATE HOSP**	0		0	\$ 		.00	Ş	.00	.00	0 \$	.00	Ş	.00
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	RATE INFORM	MATION	ITEM ON	LY;								
					ABOVE.								
** THESE DATA ARE INCLUDED I													
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO		PENDITU	KES MON'	I'H-OF-PAY	MENT RE	PORT	FOR JAN 2	2004 THR	U DE	C 2004	PAG	GE 5,149
MOP024	FEE-FOR-SERVICE		co										03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR	60-DAY	POST P	ARTUM PRO	)GRAM		AID CODE				~	
0.1 =			~==	_							THLY AVERA		
01 ELIGIBLES	USERS	UNITS OF			EXPENDI	TURES		RAGE COST		_	COST PER		OST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

			_		_			_		_	
@TOTAL, ALL PROVIDERS	9	23	\$	1,112.35	\$	48.36		\$	123.59		1112.35
@PHYSICIANS SERVICES	1	1	\$	445.92	\$	445.92		\$	445.92	Ş	445.92
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
ASSISTANT SURGEON	0	0									.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		445.92		445.92	1.000		445.92		445.92
PRINCIPAL SURGEON	1	1		445.92		445.92	1.000		445.92		445.92
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	2	5	\$	140.68	\$	28.14	5.000	\$	70.34	\$	140.68
PRESCRIPTION DRUGS	2.	5	·	140.68	·	28.14	5.000		70.34		140.68
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	2	5		140.68		28.14	5.000		70.34		140.68
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	¢	.00	Ś	.00
VISITS - DIAGNOSTIC	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
	0	0							.00		
DRUGS	0	0		.00		.00	.000				.00
ANESTHESIA	•	0		.00		.00	.000		.00		.00
PERIODONTICS	0	U		.00		.00	.000		.00		.00
ENDODONTICS	U	U		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	Ü	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU I	DEC	2004	P.	AGE 5,150
MOP024	FEE-FOR-SERVICE	A CONTRACTOR OF THE CONTRACTOR									03/14/05
LAKE COUNTY		ICES FOR 60-DAY	POST	PARTUM PROGRAM		AID CODE	76				, , ,
							MO	NTF	HLY AVERA	GE	
01 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVF	ERAGE COST	UNITS/DAYS				COST PER
01 11101110	ODLING	OR DAYS OF CARE		2711 1110 11 01(110			PER ELIG		USER		ELIGIBLE
		ON DITTO OF CARE			1111	, OMIT / DAI	טועט אירי		ODLIN		

@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	4	15	\$ 200.84	\$ 13.39	15.000	\$ 50.21	\$ 200.84
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	15	200.84	13.39	15.000	50.21	200.84
MEDICAL	1	4	59.27	14.82	4.000	59.27	59.27
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	7	48.17	6.88	7.000	24.09	48.17

RADIOLOGY	1	1	35.93	35.93	1.000	35.93	35.93
ROOM USE	1	1	17.11	17.11	1.000	17.11	17.11
CROSSOVERS/ALL OTH OUTPINT	1	2	40.36	20.18	2.000	40.36	40.36
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	YPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DEC	C 2004	PAGE 5,151
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	60-DAY POS	ST PARTUM PROGRAM	AID CODE	76		
					MON'	THLY AVERAC	GE

					MOI	ITHLY AVERA	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	15 \$	200.84	\$ 13.39	15.000	50.21	\$ 200.84
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	15	200.84	13.39	15.000	50.21	200.84
MEDICAL	1	4	59.27	14.82	4.000	59.27	59.27
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	7	48.17	6.88	7.000	24.09	48.17
RADIOLOGY	1	1	35.93	35.93	1.000	35.93	35.93
ROOM USE	1	1	17.11	17.11	1.000	17.11	17.11
CROSSOVERS/ALL OTH OUTPINT	1	2	40.36	20.18	2.000	40.36	40.36
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000	.00	\$ .00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	324.91	\$	162.46	2.000	\$	162.46	\$	324.91
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	2		324.91		162.46	2.000		162.46		324.91
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU:	RES MO	ONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 5,152
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	60-DAY	POST	PARTUM PROGRAM		AID COD	E 76				

21112 0001111	0011111111 01 01111	1020 1011 00 2111 1001		1112 0022	MONT	HLY AVERAG	F
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	***	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

LAKE COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,153 FEE-FOR-SERVICE/DENTAL

03/14/05

----- MONTHLY AVERAGE -----

SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

1 A1E BLICIDIES	HOEDO	INTEG OF CEDITOR	EXPENDIBLEC	ATTEDACE COOM		NIUTI WATUW	
1,415 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	1 000	OR DAYS OF CARE	1 001 000 00	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,202	7,497 \$	1,001,929.93	\$ 133.64	5.298	\$ 833.55	
@PHYSICIANS SERVICES	476	2,501 \$	97,660.98	\$ 39.05	1.767		•
OUTPATIENT VISITS	250	1,548	20,859.62	13.48	1.094	83.44	14.74
OFFICE VISITS	40	46	1,352.36	29.40	.033	33.81	.96
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	53	55	3,086.08	56.11	.039	58.23	2.18
PREVENTIVE CARE	1	1	34.69	34.69	.001	34.69	.02
OB VISITS/COMPRE PERI	162	1,446	16,386.49	11.33	1.022	101.15	11.58
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	53	271	32,613.31	120.34	.192	615.35	23.05
HOSPITAL VISITS	45	99	4,556.55	46.03	.070	101.26	3.22
CRITICAL CARE	14	172	28,056.76	163.12	.122	2004.05	19.83
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	150.67	50.22	.002	50.22	.11
	3	3		50.22			.11
EXAMINATIONS	-		150.67		.002	50.22	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	67	323	30,274.43	93.73	.228	451.86	21.40
PRINCIPAL SURGEON	48	50	23,767.03	475.34	.035	495.15	16.80
ASSISTANT SURGEON	5	5	861.15	172.23	.004	172.23	.61
ANESTHESIOLOGIST	27	268	5,646.25	21.07	.189	209.12	3.99
OUTPATIENT SURGERY	39	89	2,296.34	25.80	.063	58.88	1.62
PRINCIPAL SURGEON	36	62	1,657.32	26.73	.044	46.04	1.17
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	27	639.02	23.67	.019	159.76	.45
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	56	69	1,658.74	24.04	.049	29.62	1.17
RADIOLOGY	132	149	3,987.53	26.76	.105	30.21	2.82
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	14	4,327.75	309.13	.010	540.97	3.06
OTHER SERVICES/ALL X-OVERS	25	35	1,492.59	42.65	.025	59.70	1.05
@PHARMACY	340	651 \$	19,359.15	\$ 29.74	.460		
-	332	598		27.65		49.81	11.69
PRESCRIPTION DRUGS			16,537.35		.423		
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	332	598	16,537.35	27.65	.423	49.81	11.69
MEDICAL SUPPLIES	25	53	2,821.80	53.24	.037	112.87	1.99
@DENTIST	0	0 \$	.00	\$ .00	.000		•
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	ñ	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER SERVICES	U	U	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,154 MOP024

LAKE COUNTY

FEE-FOR-SERVICE/DENTAL		03/14/05
SUMMARY OF SERVICES FOR	185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76	

----- MONTHLY AVERAGE -----1,415 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE @OPTOMETRIST @CHIROPRACTOR @PODIATRIST @TOTAL HOSPITAL 26 51 92 274 1,085 130 149 128 179 269 

 38,929.37
 21.52
 1.278
 91.81
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 8,939.97
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 .00 1,451.51 2,313.27 16,065.79 RADIOLOGY
ROOM USE
CROSSOVERS / \*\*\* 5-CROSSOVERS/ALL OTH OUTPTNT 109 0 \$ @COUNTY HOSPITAL TOTAL Ο 0 CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS Ω 0 NON-HSC HOSPITALS TOTAL Ω 0 ACCOMMODATIONS 0 0 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM 0 0 0 ANCILLARIES .00 INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL 0 MEDICAL 0 SURGERY PATHOLOGY

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 200	4 THRU DEC	2004	PAGE 5,155
MOP024	FEE-FOR-SERVICE/DENTAL	L					03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FO	OR 185% AND 6	50-DAY PP TOTAL, CODES 44	47 48 49 6	9 76		

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						MC	NTHLY AVERA	AGE	-
1,415 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	ζ.
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	3
@COMMUNITY HOSPITAL TOTAL	469	2,293	\$	698,338.90	\$ 304.55	1.620	\$ 1489.00	\$ 493.53	3
COMM HOSP INPATIENT TOTAL	79	484		659,409.53	1362.42	.342	8346.96	466.01	L
HSC HOSPITALS	7	118		199,190.00	1688.05	.083	28455.71	140.77	1
NON-HSC HOSPITALS TOTAL	72	366		460,219.53	1257.43	.259	6391.94	325.24	ł
ACCOMMODATIONS	72	366		152,290.83	416.10	.259	2115.15	107.63	3
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	)
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	)
ALL OTHER ACCOM	72	366		152,290.83	416.10	.259	2115.15	107.63	3
ANCILLARIES	72	0		307,928.70	.00	.000	4276.79	217.62	2
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	)
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	)
COMM HOSP OUTPATIENT TOTAL	424	1,809		38,929.37	21.52	1.278	91.81	27.51	L
MEDICAL	26	35		1,451.51	41.47	.025	55.83	1.03	3
SURGERY	51	92		2,313.27	25.14	.065	45.36	1.63	3
PATHOLOGY	274	1,085		16,065.79	14.81	.767	58.63	11.35	j
RADIOLOGY	130	149		8 <b>,</b> 939.97	60.00	.105	68.77	6.32	2
ROOM USE	128	179		6,468.36	36.14	.127	50.53	4.57	1
CROSSOVERS/ALL OTH OUTPINT	109	269		3,690.47	13.72	.190	33.86	2.61	_
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	)
MENTALLY ILL	0	0		.00	.00	.000	.00	.00	)
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	)
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	)
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	)

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	16	30	\$	522.37	\$	17.41	.021	\$	32.65	\$	.37
PATHOLOGY	16	30		522.37		17.41	.021		32.65		.37
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	644	1,248	\$	155,600.60	\$	124.68	.882	\$	241.62	\$	109.97
CLINIC	5	20		918.77		45.94	.014		183.75		.65
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	639	1,228		154,681.83		125.96	.868		242.07		109.32
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA		RES	MONTH-OF-PAYMENT RE	EPORI	FOR JAN	2004 THRU	DEC	2004	P	AGE 5,156 03/14/05

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 1,415 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 683 483.94 \$ @ALL OTHER PROVIDERS 55 26,616.97 \$ 38.97 .483 \$ 18.81 7 1,252.23 178.89 .005 178.89 .88 DURABLE MED. EQUIP. 0 .00 .00 BLOOD BANK .00 .00 .000 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 22,294.61 MEDICAL TRANSPORTATION 19 646 34.51 .457 1173.40 15.76 17 637 9,469.61 14.87 .450 557.04 6.69 AMBULANCES/AIR TRANS OTHER TRANS 0 0 .00 .00 .000 .00 .00 OTHER SERVICES 9 12,825.00 1425.00 .006 1425.00 9.06 .00 .00 .000 .00 .00 ACUPUNCTURE 0 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 27 GENETIC DISEASE TESTING 2,835.00 105.00 .019 105.00 2.00 .00 .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 OPTICIAN .00 .000 .00 .00 .00 .00 .00 PHYSICAL THERAPIST .000 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 144.48 144.48 .001 144.48 .10 144.48 144.48 .001 144.48 PROSTHETICS .00 .00 ORTHOTICS .00 .000 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .000 .00 .00 .00 HOSPICE SERVICES .000 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 .00 .000 LOCAL EDUCATION AGENCIES .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 .00 .00 .00 RESPIRATORY CARE PRACT. .00 .000 .00

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SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

LAKE COUNTY

PED SUBACUTE REHAB/WEANING

ALL OTHER PROVIDERS	1	2	90.65	45.33	.001	90	. 65	.06
@CALIF. CHILDREN SERVICES*	14	295	\$ 154,850.64	\$ 524.92	.208	\$ 11060	.76	\$ 109.44
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,157
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY	SUMMARY OF SERV	JICES FOR TITLE II DIS	SREGARD - AGED	AID CODE	16		
					MON'	THLY AVERAG	GE
1,626 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,593	51 <b>,</b> 913 \$	816,345.91	\$ 15.73	31.927 \$	512.46	
@PHYSICIANS SERVICES	342	1,466 \$	25,853.78	\$ 17.64	.902 \$	75.60	\$ 15.90
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	8.01	8.01	.001	8.01	.00
EXAMINATIONS	1	1	8.01	8.01	.001	8.01	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	25.23	12.62	.001	12.62	.02
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	340	1,463	25,820.54	17.65	.900	75.94	15.88
@PHARMACY	1,391	34,613 \$	<b>,</b>	\$ 14.07	21.287 \$		•
PRESCRIPTION DRUGS	1,365	6,782	468,976.80	69.15	4.171	343.57	288.42
SNF/ICF	27	235	12,953.10	55.12	.145	479.74	7.97
OUTPATIENTS	1,344	6,547	456,023.70	69.65	4.026	339.30	280.46
MEDICAL SUPPLIES	206	27,831	17,889.03	.64	17.116	86.84	11.00
@DENTIST	15	50 \$	3,651.00	\$ 73.02	.031 \$		
VISITS - DIAGNOSTIC	8	28	414.00	14.79	.017	51.75	.25
ORAL SURGERY	3	7	327.00	46.71	.004	109.00	.20
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	•	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	55.00	55.00	.001	55.00	.03
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	8	14	2,855.00	203.93	.009	356.88	1.76
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DEC	2004	PAGE 5,158
MOP024	FEE-FOR-SERVICE/DENTAI	ı					03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FO	OR TITLE II	DISREGARD - AGED	AID CODE	16		

----- MONTHLY AVERAGE -----1,626 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 36 97 1,596.22 16.46 .060 \$ 44.34 \$ .98 DIAGNOSTIC AND ANC. PROCED 1 1 47.45 47.45 .001 47.45 .03 EYE APPLIANCES 1,447.20 16.26 .055 45.23 .89 7 101.57 14.51 .004 25.39 .06 OTHER OPTOMETRIC SERVICES 4 @CHIROPRACTOR Ω .00 .00 .000 \$ .00 \$ .00 VISITS .00 .00 .000 .00 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 76.54 25.51 .002 \$ 38.27 .05 @PODIATRIST MEDICINE/INJECTIONS .00 .00 .000 . 00 .00 0 .00 SURGERY/ANES. .00 .00 .000 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 76.54 25.51 .002 38.27 OTHER .05 @HOME HEALTH AGENCY 0 .00 .00 .000 .00 .00 0 \$ .00 .000 Ś .00 .00 NURSE ANESTHESIST .00 Ś .00 .00 .000 .00 .00 NURSE MIDWIFE .00 .00 .00 .000 .00 PEDIATRIC NURSE PRACTITIONER 0 0 .00 .00 .000 .00 FAMILY NURSE PRACTITIONER .00 358 77,321.50 @TOTAL HOSPITAL 2,437 31.73 1.499 215.98 47.55 52 25.32 0 41,166.53 .00 791.66 HOSP INPATIENT TOTAL .000 0 .00 .00 HSC HOSPITALS .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .00 .000 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 Ω .00 .00 .000 .00 .00 ANCILLARIES 52 .00 INPATIENT CROSSOVERS 41,166.53 .000 791.66 25.32 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 343 36,154.97 1.499 HOSP OUTPATIENT TOTAL 2,437 14.84 105.41 22.24 0 .00 .00 MEDICAL 0 .00 .000 .00 SURGERY 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PATHOLOGY .00 .00 RADIOLOGY .00 .000 .00 ROOM USE 1 34.21 34.21 .001 34.21 .02 CROSSOVERS/ALL OTH OUTPTNT 343 2,436 36,120.76 14.83 1.498 105.31 22.21 1 12 926.26 77.19 .007 926.26 .57 @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL 0 876.00 . 00 .000 876.00 .54 .00 .00 .00 HSC HOSPITALS .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .00 .000 .00 ACCOMMODATIONS . 00 .00 .000 .00 . 00 .00 .00 .00 .00 .000 ADMINISTRATIVE DAYS .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .00 ALL OTHER ACCOM .000 .00 ANCILLARIES .00 .00 .000 . 00 .00

INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.54
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	12	50.26	4.19	.007	50.26	.03
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	12	50.26	4.19	.007	50.26	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES MC	NTH-OF-PAYMENT RE	PORT FOR JAN 20	04 THRU DI	EC 2004	PAGE 5,159
MOP024	FEE-FOR-SERVICE/DEN	ITAL					03/14/05
LAKE COUNTY	SUMMARY OF SERVICES	FOR TITLE II DIS	REGARD - AGED	AID CODE 1	6		
				_	MOI	NTHLY AVERAG	E
1,626 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST U	NITS/DAYS	COST PER	COST PER
	OF	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	357	2,425 \$	76,395.24	\$ 31.50	1.491	\$ 213.99	\$ 46.98
			40 000 =0			= 0 0 0 4	0.4 0.0

1,626 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		ERAGE COST	UNITS/DAY				COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	357	2,425	\$	76,395.24	\$	31.50	1.491	\$	213.99	\$	46.98
COMM HOSP INPATIENT TOTAL	51	0		40,290.53		.00	.000		790.01		24.78
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	51	0		40,290.53		.00	.000		790.01		24.78
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	342	2,425		36 <b>,</b> 104.71		14.89	1.491		105.57		22.20
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		34.21		34.21	.001		34.21		.02
CROSSOVERS/ALL OTH OUTPINT	342	2,424		36 <b>,</b> 070.50		14.88	1.491		105.47		22.18
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	25	571	\$	<b>,</b>	\$	150.41	.351	\$	3435.33	\$	52.82
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	25	571		85,883.33		150.41	.351		3435.33		52.82
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$		\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	_	.00	_	.00	.000	_	.00	_	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	O	0		.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	433 0 10 0 428	720 0 10 0 710	\$	40,376.10 .00 2,041.96 .00 38,334.14	\$	56.08 .00 204.20 .00 53.99	.443 \$ .000 .006 .000 .437	.00 204.20 .00 89.57		24.83 .00 1.26 .00 23.58
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE		ES M	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU DE	C 2004	F	PAGE 5,160 03/14/05
LAKE COUNTY		JOENTAL ICES FOR TITLE I	т пт	CDECABD - ACED		AID CODE	1.6			03/14/05
LAKE COUNTI	SUMMARI OF SERV	ICES FOR IIILE I	т рт	SKEGARD - AGED		AID CODE		ITHLY AVERA	CF	
1,626 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		RAGE COST UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	.GL	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	382	11,956	\$	94,721.61	\$	7.92	7.353 \$	247.96	\$	58.25
DURABLE MED. EQUIP.	9	27		8,496.43		314.68	.017	944.05		5.23
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	23	4,935		8,723.14		1.77	3.035	379.27		5.36
AMBULANCES/AIR TRANS	6	159		1,069.05		6.72	.098	178.18		.66
OTHER TRANS	13	4,722		7,427.49		1.57	2.904	571.35		4.57
OTHER SERVICES	7	54		226.60		4.20	.033	32.37		.14
ACUPUNCTURE	29	72		1,243.51		17.27	.044	42.88		.76
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	127	735		51,445.16		69.99	.452	405.08		31.64
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	39	89		959.15		10.78	.055	24.59		.59
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	1	2		10.39		5.20	.001	10.39		.01
PROSTHETICS	1	2		10.39		5.20	.001	10.39		.01
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	31	52		3 <b>,</b> 028.65		58.24	.032	97.70		1.86

HOSPICE SERVICES	6	122	12,558.95	102.94	.075	2093.16	7.72
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	177	5 <b>,</b> 922	8,256.23	1.39	3.642	46.65	5.08
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	697	8,511	\$ 133,908.72	\$ 15.73	5.234	\$ 192.12	\$ 82.35

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,161 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 LAKE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

						MC	ITNC	HLY AVERA	GE -	
24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERA	AGE COST	UNITS/DAYS	3 (	COST PER	С	OST PER
		OR DAYS OF CARE		PER U	JNIT/DAY	PER ELIG		USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	17	180 \$	7,773.43	\$	43.19	7.500	\$	457.26	\$	323.89
@PHYSICIANS SERVICES	3	4 \$	51.95	\$	12.99	.167	\$	17.32	\$	2.16
OUTPATIENT VISITS	0	0	.00		.00	.000		.00		.00
OFFICE VISITS	0	0	.00		.00	.000		.00		.00
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0	.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0	.00		.00	.000		.00		.00
INPATIENT VISITS	0	0	.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0	.00		.00	.000		.00		.00
CRITICAL CARE	0	0	.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000		.00		.00
EXAMINATIONS	0	0	.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	4	51.95		12.99	.167		17.32		2.16
@PHARMACY	17	145 \$	7,348.51	\$	50.68		\$	432.27	\$	306.19
PRESCRIPTION DRUGS	17	144	7,266.90		50.46	6.000		427.46		302.79
SNF/ICF	0	0	.00		.00	.000		.00		.00
OUTPATIENTS	17	144	7,266.90		50.46	6.000		427.46		302.79
MEDICAL SUPPLIES	1	1	81.61		81.61	.042		81.61		3.40
@DENTIST	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0	.00		.00	.000		.00		.00
ORAL SURGERY	0	0	.00		.00	.000		.00		.00

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		
	•	0									.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00	_	.00
#CALIF DEPT OF HEALTH SERV			TURES	MONTH-OF-PAYMENT F	REPOR'	I' FOR JAN 2	2004 THRU L	EC	2004	PA	AGE 5,162
MOP024	FEE-FOR-SERVICE	,					_				03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR TITL	E II I	DISREGARD - BLIND	AII	D CODES 26					
							MC			GE -	
24 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES			UNITS/DAYS		COST PER		COST PER
		OR DAYS OF C	ARE		PEI	R UNIT/DAY	PER ELIG		USER	J	ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	Ś	.00		\$	.00	Ś	.00
MEDICINE/INJECTIONS	0	0	۲	.00	٧	.00	.000	۲	.00	۲	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0										
v =	0	0		.00	Ċ	.00	.000	<u>_</u>	.00	Ċ	.00
@HOME HEALTH AGENCY	U	0		.00	\$	.00		\$	.00	\$	.00
NURSE ANESTHESIST	0	0		.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0		.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0	0		.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0		.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	3	18		146.60	\$	8.14	.750	\$	48.87	\$	6.11
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	18		146.60		8.14	.750		48.87		6.11
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	•	18		146.60		8.14	.750		48.87		6.11
@COUNTY HOSPITAL TOTAL	0	0		.00	\$	.00	.000	Ċ	.00	Ċ	.00
CO HOSPITAL INPATIENT TOTAL	•			.00		.00	.000	ٻ	.00	٢	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
USC UOSETTATS	U	U		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	•	MONITHI OF DAVIN					PAGE 5,163
MOP024			MONIH-OF-PAIM	IENI KE	LPURI FUR JAN 2	2004 IRKO DEC	2004	•
LAKE COUNTY	FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FO		TCDECADD DI	TND	AID CODES 26	67		03/14/05
LAKE COUNTY	SUMMARI OF SERVICES FO	K IIIIE II I	DISKEGARD - DI	TND	AID CODES 20	MONT	ת מידות איזודים	GE
24 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDIT	TIDEC	AVERAGE COST		COST PER	COST PER
24 ELIGIBLES			EVERNOTI	UKES		PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	OR DA	YS OF CARE 18 \$	1 /	6.60	PER UNIT/DAY \$ 8.14	.750 \$	48.87	-
COMM HOSP INPATIENT TOTAL	0	0 10 5	14	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
	0	0			.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
ANCILLARIES INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	18	1 /	6.60	8.14	.750	48.87	6.11
MEDICAL	3	1.8	14	.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
	0	0		.00			.00	.00
RADIOLOGY	0	0		.00	.00	.000		.00
ROOM USE	3	-	1 /		.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	3	18 0 \$	14	6.60	8.14 \$ .00	.750 .000 \$	48.87 .00	6.11
@STATE HOSPITAL	0	0 Ş		.00				
MENTALLY ILL	0	-		.00	.00	.000	.00	.00
DEVELOP. DISABLED	U	0 0 \$		.00	.00	.000	.00	.00
@NURSING FACILITY	U	· · ·		.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	U	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	U	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	U	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00

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LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@REHABILITATION FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5		5	Ś	160.85	\$	32.17	.208	Ś		Ś	6.70
CLINIC	0		0	т	.00	т	.00	.000	т	.00	Τ	.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
	0		0									
HEROIN DETOX CLINIC	•		Ū		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5		5		160.85		32.17	.208		32.17		6.70
#CALIF DEPT OF HEALTH SERV			ENDITUE	RES MO	NTH-OF-PAYMENT R	REPOR'	I FOR JAN 2	2004 THRU	DEC	2004	PA	GE 5,164
MOP024	FEE-FOR-SERVICE	•						_				03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR	TITLE I	II DIS	SREGARD - BLIND	AII	D CODES 26					
								M			-	
24 ELIGIBLES	USERS	UNITS OF	SERVICE	C	EXPENDITURES		ERAGE COST			COST PER	С	OST PER
		OR DAYS	OF CARE	C		PEI	R UNIT/DAY	PER ELIC	3	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	8		8	\$	65.52	\$	8.19	.333	\$	8.19	\$	2.73
DURABLE MED. EQUIP.	0		0		.00		.00	.000		.00		.00
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000				.00
MEDICAL TRANSPORTATION	0		Ô		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
,	0		0		.00			.000		.00		.00
OTHER TRANS	0		0				.00					
OTHER SERVICES	U		0		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000		.00		.00
OPTICIAN	0		0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0		0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0		0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
ORTHOTICS	0		0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0		0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0		0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0		0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0		0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0		0		.00		.00	.000		.00		.00
	0		0		.00			.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0		0				.00					
RESPIRATORY CARE PRACT.	U		0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0		0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	8		8		65.52		8.19	.333		8.19		2.73
@CALIF. CHILDREN SERVICES*	0		0	\$	.00	\$	.00	.000		.00		.00
@XOVER EXCLUDING STATE HOSP**	11		28	\$	242.53	\$	8.66	1.167	\$	22.05	\$	10.11
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPAR	ATE INFORM	IATION I	TEM (	ONLY;							
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AP	PROPRIATE	DETAIL	LINES	S ABOVE.							
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL L	INES AE	BOVE.								
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXP	ENDITUE	RES MO	NTH-OF-PAYMENT R	REPOR!	r for jan 2	2004 THRU	DEC	2004	PA	GE 5,165
MOP024	FEE-FOR-SERVICE	/DENTAL										03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR	TITLE I	II DIS	REGARD - DISABLE	ED AII	D CODES 36	66 6C				
		-						M	ONTH	HLY AVERA	GE -	
1,441 ELIGIBLES	USERS	UNITS OF	SERVICE	E	EXPENDITURES	AVI	ERAGE COST					OST PER
,		OR DAVS					B IINITT/DAV					T.T.C.T.R.T.F

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	1,375	29,263	\$ 782,664.06	\$ 26.75	20.307	\$ 569.21	\$ 543.14
@PHYSICIANS SERVICES	228	1,000	\$ 15,199.70	\$ 15.20	.694	\$ 66.67	\$ 10.55
OUTPATIENT VISITS	11	13	846.17	65.09	.009	76.92	.59
OFFICE VISITS	5	5	187.95	37.59	.003	37.59	.13
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	8	658.22	82.28	.006	109.70	.46
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	7	238.20	34.03	.005	238.20	.17
HOSPITAL VISITS	1	7	238.20	34.03	.005	238.20	.17
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	104.23	34.74	.002	34.74	.07
EXAMINATIONS	3	3	104.23	34.74	.002	34.74	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	18	679.89	37.77	.012	226.63	.47
PRINCIPAL SURGEON	1	1	421.82	421.82	.001	421.82	.29
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	17	258.07	15.18	.012	129.04	.18
OUTPATIENT SURGERY	5	13	2,037.30	156.72	.009	407.46	1.41
PRINCIPAL SURGEON	4	4	1,835.28	458.82	.003	458.82	1.27
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	9	202.02	22.45	.006	202.02	.14
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	51.72	17.24	.002	17.24	.04
RADIOLOGY	7	9	411.61	45.73	.006	58.80	.29
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	209	934	10,830.58	11.60	.648	51.82	7.52
@PHARMACY	1,167	18,083	\$ 557,243.93	\$ 30.82	12.549	\$ 477.50	\$ 386.71
PRESCRIPTION DRUGS	1,143	5,278	537,028.70	101.75	3.663	469.84	372.68

SNF/ICF	1	10	369.11		36.91	.007	369.11		26
OUTPATIENTS	1,142	5,268	536,659.59	10	01.87	3.656	469.93	372.	42
MEDICAL SUPPLIES	188	12,805	20,215.23		1.58	8.886	107.53	14.	03
@DENTIST	36	123 \$	6,544.00	\$ 5	53.20	.085	\$ 181.78	\$ 4.	54
VISITS - DIAGNOSTIC	25	60	826.00	1	13.77	.042	33.04		57
ORAL SURGERY	7	20	1,204.00	(	60.20	.014	172.00		84
DRUGS	0	0	.00		.00	.000	.00		00
ANESTHESIA	0	0	.00		.00	.000	.00		00
PERIODONTICS	1	1	118.00	1.1	18.00	.001	118.00		08
ENDODONTICS	3	3	760.00	25	53.33	.002	253.33		53
RESTORATIVE DENTISTRY	8	22	2,149.00	9	97.68	.015	268.63	1.	49
PROSTHETICS	0	0	.00		.00	.000	.00		00
DENTURES, STAYPLATES	4	16	1,487.00	9	92.94	.011	371.75	1.	03
SPACE MAINTAINERS	0	0	.00		.00	.000	.00		00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00		00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00		00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00		00
ALL OTHER SERVICES	1	1	.00		.00	.001	.00		00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	) EXPENDITURES	MONTH-OF-PAYMENT	REPORT FO	OR JAN 2	2004 THRU	DEC 2004	PAGE 5	,166
MOP024	FEE-FOR-SERVICE/DENTA	ΔL						03/1	4/05

LAKE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

LAKE COUNTY	SUMMARI OF SER	VICES FOR TITLE	TT DT	SKEGAKD - DISABLEI	J AIL	CODES 30					
							MC			GE	
1,441 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	44	109	\$	1,939.02	\$	17.79	.076	\$	44.07	\$	
DIAGNOSTIC AND ANC. PROCED	4	4		181.79		45.45	.003		45.45		.13
EYE APPLIANCES	37	92		1,559.79		16.95	.064		42.16		1.08
OTHER OPTOMETRIC SERVICES	6	13		197.44		15.19	.009		32.91		.14
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	5	\$	344.91	\$	68.98	.003	\$	344.91	\$	.24
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	252	1,592	\$	82,522.07	\$	51.84	1.105	\$	327.47	\$	57.27
HOSP INPATIENT TOTAL	28	18		59,275.29		3293.07	.012		2116.97		41.13
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3	18		38,008.93		2111.61	.012		12669.64		26.38
ACCOMMODATIONS	3	18		15,854.88		880.83	.012		5284.96		11.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	18		15,854.88		880.83	.012		5284.96		11.00
ANCILLARIES	3	0		22,154.05		.00	.000		7384.68		15.37
INPATIENT CROSSOVERS	25	0		21,266.36		.00	.000		850.65		14.76
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	238	1,574		23,246.78		14.77	1.092		97.68		16.13
MEDICAL	8	12		288.79		24.07	.008		36.10		.20
SURGERY	4	4		244.00		61.00	.003		61.00		.17
PATHOLOGY	8	72		1,109.26		15.41	.050		138.66		.77

RADIOLOGY	5	6		369.11		61.52	.004		73.82		.26
ROOM USE	8	11		749.84		68.17	.008		93.73		.52
CROSSOVERS/ALL OTH OUTPTNT	231	1,469		20,485.78		13.95	1.019		88.68		14.22
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MONTH-OI	F-PAYMENT R	REPORT	FOR JAN	2004 THRU	DEC 20	004	PAGE	5,167
MOP024	FEE-FOR-SERVICE/DENTA	L								0.3	3/14/05
TAKE COUNTY	CHMMADY OF CEDUTCES E	אס שדשדבי	TT DTCDECADI	- DICABLE	מדג מי	CODEC 36	66 60				

LAKE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

LAKE COUNTI	SUMMARI OF SER	VICES FOR IIILE	TT DIS	SKEGARD - DISABLE	D AID CODES 36	00 00			
						MC	NTHLY AVERA	AGE	
1,441 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST		COST PER	CC	OST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ΕI	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	252	1,592	\$	82 <b>,</b> 522.07	\$ 51.84	1.105	\$ 327.47	\$	57.27
COMM HOSP INPATIENT TOTAL	28	18		59 <b>,</b> 275.29	3293.07	.012	2116.97		41.13
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	3	18		38,008.93	2111.61	.012	12669.64		26.38
ACCOMMODATIONS	3	18		15,854.88	880.83	.012	5284.96		11.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	3	18		15,854.88	880.83	.012	5284.96		11.00
ANCILLARIES	3	0		22,154.05	.00	.000	7384.68		15.37
INPATIENT CROSSOVERS	25	0		21,266.36	.00	.000	850.65		14.76
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	238	1 <b>,</b> 574		23,246.78	14.77	1.092	97.68		16.13
MEDICAL	8	12		288.79	24.07	.008	36.10		.20
SURGERY	4	4		244.00	61.00	.003	61.00		.17
PATHOLOGY	8	72		1,109.26	15.41	.050	138.66		.77
RADIOLOGY	5	6		369.11	61.52	.004	73.82		.26
ROOM USE	8	11		749.84	68.17	.008	93.73		.52
CROSSOVERS/ALL OTH OUTPTNT	231	1,469		20,485.78	13.95	1.019	88.68		14.22
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	4	22	\$	23,527.67	\$ 1069.44	.015		\$	16.33
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		12,790.85	.00	.000	.00		8.88
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	4	22		10,736.82	488.04	.015	2684.21		7.45
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	10	16	\$	5,738.04	\$	358.63	.011	\$	573.80	\$	3.98
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	10	16		5,738.04		358.63	.011		573.80		3.98
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	12	\$	92.80	\$	7.73	.008	\$	18.56	\$	.06
PATHOLOGY	3	3		37.60		12.53	.002		12.53		.03
XO AND OTHERS	2	9		55.20		6.13	.006		27.60		.04
@ORGANIZED OUTPATIENT CLINIC	569	971	\$	55 <b>,</b> 424.74	\$	57.08	.674	\$	97.41	\$	38.46
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	3		560.22		186.74	.002		280.11		.39
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	567	968		54,864.52		56.68	.672		96.76		38.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PI	AGE 5,168
MOP024	FEE-FOR-SERVICE/DENTA	ΔL									03/14/05
LAKE COUNTY	SUMMARY OF SERVICES E	OR TITLE	II D	DISREGARD - DISABLE	D AII	CODES 3	666C				

----- MONTHLY AVERAGE -----EXPENDITURES 1,441 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 152 34,087.18 \$ 4.65 @ALL OTHER PROVIDERS 7,330 \$ 5.087 \$ 224.26 \$ 23.66 DURABLE MED. EQUIP. 4 4 0 0 18 4 195.90 48.98 .003 48.98 BLOOD BANK .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 5,891 12,122.79 2.06 4.088 673.49 MEDICAL TRANSPORTATION 8.41 2 AMBULANCES/AIR TRANS 61 458.37 7.51 .042 229.19 13 OTHER TRANS 5,810 11,569.16 1.99 4.032 889.94 8.03 .014 OTHER SERVICES 20 95.26 4.76 31.75 .07 4.76 .014 .00 .000 .00 .000 .00 .000 121.67 .087 .00 .000 15.16 .051 .00 .000 .00 .000 71.78 .001 71.78 .001 ACUPUNCTURE 0 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .00 .00 GENETIC DISEASE TESTING .00 .00 126 15,330.15 730.01 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 .00 .00 .00 34.58 OPTICIAN 32 73 1,106.56 .77 PHYSICAL THERAPIST .00 .00 PORTABLE X-RAY .00 .00 71.78 PROSTHETIST/ORTHOTISTS 71.78 .05 71.78 71.78 71.78 PROSTHETICS .001 .00 .00 .000 .00 ORTHOTICS .00 .00 PSYCHOLOGIST .00 .000 .00 .00 118.72 29.68 .003 59.36 SPEECH AND AUDIOLOGY HOSPICE SERVICES 14 1,705.62 121.83 .010 1705.62 .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES .000 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 .00 RESPIRATORY CARE PRACT. .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .000 .00 1,217 3,435.66 2.82 ALL OTHER PROVIDERS 41.39 2.38 .845 @CALIF. CHILDREN SERVICES\* .00 \$ .00 .000 \$ .00 \$ 0 Ω .00 @XOVER EXCLUDING STATE HOSP\*\* 471 7,527 76,136.43 \$ 5.223 \$ 161.65 \$ 10.12 52.84

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,169 FEE-FOR-SERVICE/DENTAL MOP024

LAKE COUNTY

03/14/05

THE FOR SHIVICH / DHIVI.				
SUMMARY OF SERVICES	FOR TITLE II	DISREGARD -	FAMILIES	DISCONTINUED

LAKE COUNTY	SUMMARY OF SERV	ICES FOR T	ITLE II	DISR	EGARD - FAMILIES	DISCONTINU	JED			
							MON	ITHLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF S	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS O	F CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$	.00	\$ .00	.000 \$	.00	\$	.00
@PHYSICIANS SERVICES	0			\$	.00	\$ .00	.000 \$		\$	.00
OUTPATIENT VISITS	0		Ō	•	.00	.00	.000	.00		.00
OFFICE VISITS	0		0		.00	.00	.000	.00		.00
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
	0		0		.00	.00	.000	.00		
OB VISITS/COMPRE PERI	0		-							.00
OTHER OUTPATIENT	•		0		.00	.00	.000	.00		.00
INPATIENT VISITS	0		0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00		.00
CRITICAL CARE	0		0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00		.00
EXAMINATIONS	0		0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
DIALYSIS	0		Ō		.00	.00	.000	.00		.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00
RADIOLOGY	0		0		.00	.00	.000	.00		.00
PSYCHIATRY	0		0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0		Ö		.00	.00	.000	.00		.00
@PHARMACY	0			\$	.00	\$ .00	.000 \$		\$	.00
PRESCRIPTION DRUGS	0		0	Υ	.00	.00	.000	.00	Ψ.	.00
SNF/ICF	0		0		.00	.00	.000	.00		.00
OUTPATIENTS	0		0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00		.00
	0		-	\$		\$ .00			\$	.00
@DENTIST	0		0	Ą	.00	.00	.000 \$	.00	Ą	.00
VISITS - DIAGNOSTIC	0									
ORAL SURGERY	0		0		.00	.00	.000	.00		.00
DRUGS	•		-		.00	.00	.000	.00		.00
ANESTHESIA	0		0		.00	.00	.000	.00		.00
PERIODONTICS	Ü		0		.00	.00	.000	.00		.00
ENDODONTICS	0		0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00		.00
PROSTHETICS	0		0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,170 MOP024 FEE-FOR-SERVICE/DENTAL

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SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

						M	TMO.	HLY AVERA	.GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INTECTIONS	0	0	0.0		$\cap \cap$	$\cap \cap \cap$		0.0		$\cap \cap$

MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 .00 SURGERY/ANES. 0 .00 .000 .00 Ω .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 0 .00 .000 .00 .00 .00 \$ .00 \$ .00 @HOME HEALTH AGENCY 0 0 .000 \$ .00 Ω .00 \$ .00 .00 \$ NURSE ANESTHESIST 0 \$ .000 \$ .00 NURSE MIDWIFE .00 \$ .00 .000 \$ .00 \$ .00 0 0 \$ .00 PEDIATRIC NURSE PRACTITIONER .00 \$ .000 \$ .00 \$ .00 Ś FAMILY NURSE PRACTITIONER 0 .00 \$ .00 .000 \$ .00 \$ .00 .00 \$ .00 .000 \$ .00 \$ @TOTAL HOSPITAL .00 HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00

0

0

NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE

HSC HOSPITALS

ANCILLARIES

LAKE COUNTY

ALL OTHER ACCOM

0 .00 0 .00 0 .00 Ω .00

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INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	·	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE:	S MONTH-					PAGE	5,171
MOP024									/14/05
MOP024 LAKE COUNTY	FEE-FOR-SERVICE				DISCONTIN	IUED			/14/05
LAKE COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR TITLE II	DISREGA	ARD - FAMILIES		MO	NTHLY AVERA	03 .GE	
	FEE-FOR-SERVICE	/DENTAL ICES FOR TITLE II UNITS OF SERVICE	DISREGA		AVERAGE COST	MO UNITS/DAYS	COST PER	03 GE COST	 PER
LAKE COUNTY  00 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE	DISREG <i>F</i>	ARD - FAMILIES	AVERAGE COST PER UNIT/DAY	MO UNITS/DAYS PER ELIG	COST PER USER	03 GE COST ELIG	 PER IBLE
LAKE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0	DISREGA	ARD - FAMILIES EXPENDITURES .00	AVERAGE COST PER UNIT/DAY \$ .00	MO UNITS/DAYS PER ELIG	COST PER USER \$ .00	03 GE COST ELIG	PER IBLE
LAKE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE	DISREG <i>F</i>	ARD - FAMILIES EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	MO UNITS/DAYS PER ELIG .000	COST PER USER \$ .00 .00	03 GE COST ELIG	PER IBLE .00
LAKE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0	DISREG <i>F</i>	ARD - FAMILIES EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00	MO UNITS/DAYS PER ELIG .000 .000	COST PER USER \$ .00 .00 .00	03 GE COST ELIG	PER IBLE .00 .00
LAKE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0	DISREG <i>F</i>	ARD - FAMILIES EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00	MO UNITS/DAYS PER ELIG .000 .000 .000	COST PER USER \$ .00 .00 .00	03 GE COST ELIG	PER IBLE .00 .00
LAKE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0	DISREG <i>F</i>	ARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00	MO UNITS/DAYS PER ELIG .000 .000 .000 .000	COST PER USER \$ .00 .00 .00 .00	03 GE COST ELIG	PER IBLE .00 .00 .00
LAKE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0	DISREG <i>F</i>	ARD - FAMILIES EXPENDITURES  .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00	MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000	COST PER USER \$ .00 .00 .00 .00 .00	03 GE COST ELIG	PER IBLE .00 .00 .00 .00
LAKE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0	DISREG <i>F</i>	ARD - FAMILIES EXPENDITURES  .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00	MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	COST PER USER \$ .00 .00 .00 .00 .00 .00	03 GE COST ELIG	PER IBLE .00 .00 .00 .00
LAKE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0	DISREG <i>F</i>	ARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00	MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0	DISREG <i>F</i>	ARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0	DISREG <i>F</i>	ARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0	DISREG <i>F</i>	ARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER  \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0	DISREG <i>F</i>	ARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00	MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DISREG <i>F</i>	ARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MO C UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DISREG <i>F</i>	ARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MO C UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
OO ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DISREG <i>F</i>	ARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DISREG <i>F</i>	ARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MO C UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DISREG <i>F</i>	ARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MO C UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DISREG <i>E</i>	ARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MO C UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG \$	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DISREG <i>F</i>	ARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MO C UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DISREG <i>E</i>	ARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MO C UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER  \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG \$	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DISREGA F	ARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MO C UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03 GE COST ELIG \$	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DISREG <i>E</i>	ARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MO C UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER  \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	O3 GE COST ELIG \$	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-OF	-PAYMENT RE	PORT F	'OR JAN 2004	THRU	DEC	2004	PAGE	5,172
MOP024	FEE-FOR-SERVICE/DENTAL									03	/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	TITLE I	I DISREGARD	- FAMILIES	DI	SCONTINUED					

					MON'	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,173 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

					MONT	HLY AVERA	GE
3,091 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,985	81,356 \$	1,606,783.40	\$ 19.75	26.320 \$	538.29	\$ 519.83
@PHYSICIANS SERVICES	573	2,470 \$	41,105.43	\$ 16.64	.799 \$	71.74	
OUTPATIENT VISITS	11	13	846.17	65.09	.004	76.92	.27
OFFICE VISITS	5	5	187.95	37.59	.002	37.59	.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	8	658.22	82.28	.003	109.70	.21
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	7	238.20	34.03	.002	238.20	.08
HOSPITAL VISITS	1	7	238.20	34.03	.002	238.20	.08
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	112.24	28.06	.001	28.06	.04
EXAMINATIONS	4	4	112.24	28.06	.001	28.06	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	18	679.89	37.77	.006	226.63	.22
PRINCIPAL SURGEON	1	1	421.82	421.82	.000	421.82	.14
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	17	258.07	15.18	.005	129.04	.08
OUTPATIENT SURGERY	5	13	2,037.30	156.72	.004	407.46	.66
PRINCIPAL SURGEON	4	4	1,835.28	458.82	.001	458.82	.59
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	9	202.02	22.45	.003	202.02	.07
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	5	76.95	15.39	.002	15.39	.02
RADIOLOGY	7	9	411.61	45.73	.003	58.80	.13
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	552	2,401	36,703.07	15.29	.777	66.49	11.87
@PHARMACY	2,575	52 <b>,</b> 841 \$		\$ 19.90	17.095 \$		\$ 340.17
PRESCRIPTION DRUGS	2,525	12,204	1,013,272.40	83.03	3.948	401.30	327.81
SNF/ICF	28	245	13,322.21	54.38	.079	475.79	4.31
OUTPATIENTS	2,503	11,959	999,950.19	83.61	3.869	399.50	323.50
MEDICAL SUPPLIES	395	40,637	38,185.87	.94	13.147	96.67	12.35
@DENTIST	51	173 \$	10,195.00	\$ 58.93	.056 \$	199.90	\$ 3.30
VISITS - DIAGNOSTIC	33	88	1,240.00	14.09	.028	37.58	.40
ORAL SURGERY	10	27	1,531.00	56.70	.009	153.10	.50
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.000	118.00	.04
ENDODONTICS	3	3	760.00	253.33	.001	253.33	.25
RESTORATIVE DENTISTRY	9	23	2,204.00	95.83	.007	244.89	.71
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	12	30	4,342.00	144.73	.010	361.83	1.40
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES I	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 5,174
MOP024	FEE-FOR-SERVICE/DE	NTAL					03/14/05
LAKE COUNTY	SUMMARY OF SERVICE	S FOR TITLE II D	ISREGARD - TOTAL				

LAKE COUNTY	SUMMARY OF SER	VICES FOR TITLE I	II DI	SREGARD - TOTAL						~-	
2 001 BITGIBIES	HORDO	INITES OF SERVICE	,		7.7.7				THLY AVERA	GE.	
3,091 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
A O DECOMEED TOE	80	OR DAYS OF CARE	\$	2 525 24		R UNIT/DAY 17.16	.067		USER 44.19	Ċ	ELIGIBLE 1.14
@OPTOMETRIST	80 5	206	Ş	3,535.24	\$			Þ		Ş	
DIAGNOSTIC AND ANC. PROCED	-	5		229.24		45.85	.002		45.85		.07
EYE APPLIANCES	69	181		3,006.99		16.61	.059		43.58		.97
OTHER OPTOMETRIC SERVICES	10	20	_	299.01	_	14.95	.006	_	29.90	_	.10
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ş		\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	2	3	\$	76.54	\$	25.51	.001	Ş	38.27	\$	.02
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	2	3		76.54		25.51	.001		38.27		.02
@HOME HEALTH AGENCY	1	5	\$	344.91	\$	68.98	.002			\$	.11
NURSE ANESTHESIST	0	0	\$	.00	\$	.00		\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00		\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00		\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$		\$	.00		\$	.00	\$	.00
@TOTAL HOSPITAL	613	4,047	\$		\$		1.309	\$	261.00	\$	51.76
HOSP INPATIENT TOTAL	80	18		100,441.82		5580.10	.006		1255.52		32.49
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3	18		38,008.93		2111.61	.006		12669.64		12.30
ACCOMMODATIONS	3	18		15,854.88		880.83	.006		5284.96		5.13
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	18		15,854.88		880.83	.006		5284.96		5.13
ANCILLARIES	3	0		22,154.05		.00	.000		7384.68		7.17
INPATIENT CROSSOVERS	77	0		62,432.89		.00	.000		810.82		20.20
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	584	4,029		59,548.35		14.78	1.303		101.97		19.27
MEDICAL	8	12		288.79		24.07	.004		36.10		.09
SURGERY	4	4		244.00		61.00	.001		61.00		.08
PATHOLOGY	8	72		1,109.26		15.41	.023		138.66		.36
RADIOLOGY	5	6		369.11		61.52	.002		73.82		.12
ROOM USE	9	12		784.05		65.34	.004		87.12		.25
CROSSOVERS/ALL OTH OUTPINT	577	3,923		56,753.14		14.47	1.269		98.36		18.36
@COUNTY HOSPITAL TOTAL	1	12	\$	926.26	\$	77.19	.004	Ś		Ś	.30
CO HOSPITAL INPATIENT TOTAL	1	0	•	876.00		.00	.000		876.00		.28
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	Ö		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
1714CTTHULLTHO	O	O		.00		• 0 0	.000		.00		• • • •

INPATIENT CROSSOVERS	1		0		876.0	0	.00	.00	0 (	876.00			.28
ALL OTHER INPATIENT	0		0		.0	0	.00	.00	0 (	.00			.00
CO HOSP OUTPATIENT TOTAL	1		12		50.2	6	4.19	.00	) 4	50.26			.02
MEDICAL	0		0		.0	0	.00	.00	0 (	.00			.00
SURGERY	0		0		.0	0	.00	.00	0 (	.00			.00
PATHOLOGY	0		0		.0	0	.00	.00	0 (	.00			.00
RADIOLOGY	0		0		.0	0	.00	.00	0 (	.00			.00
ROOM USE	0		0		.0	0	.00	.00	0 (	.00			.00
CROSSOVERS/ALL OTH OUTPTNT	1		12		50.2	6	4.19	.00	) 4	50.26			.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPE	NDITURES	S MONTH	-OF-PAYMENT	REPO	RT FOR JAN	2004 THF	RU DE	C 2004		PAGE	5,175
MOP024	FEE-FOR-SERVICE	/DENTAL										03/	14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR T	ITLE II	DISREG	ARD - TOTAL	ı							
									- MON'	THLY AVERA	4GE		
3,091 ELIGIBLES	USERS	UNITS OF S	ERVICE		EXPENDITURE	S A	VERAGE COST	UNITS/D	DAYS	COST PER		COST	PER
		OR DAYS O	F CARE			P	ER UNIT/DAY	PER EI	IG	USER		ELIGI	BLE
@COMMUNITY HOSPITAL TOTAL	612	4,	035 \$	\$	159,063.9	1 \$	39.42	1.30	)5 \$	259.91	\$	51	.46
COMM HOSP INPATIENT TOTAL	79		18		99,565.8	2	5531.43	.00	)6	1260.33		32	2.21
HSC HOSPITALS	0		0		.0	0	.00	.00	0 (	.00			.00
NON-HSC HOSPITALS TOTAL	3		18		38,008.9	3	2111.61	.00	)6	12669.64		12	2.30
ACCOMMODATIONS	3		18		15,854.8	8	880.83	.00	)6	5284.96		5	5.13
ADMINISTRATIVE DAYS	0		0		.0	0	.00	.00	0 (	.00			.00
TRANSITIONAL IP CARE	0		0		.0	0	.00	.00	0 (	.00			.00
ALL OTHER ACCOM	3		18		15,854.8	8	880.83	.00	)6	5284.96		5	5.13
ANCILLARIES	3		0		22,154.0	5	.00	.00	0 (	7384.68		7	7.17
INPATIENT CROSSOVERS	76		0		61,556.8	9	.00	.00	0 (	809.96		19	9.91
ALL OTHER INPATIENT	0		0		.0	0	.00	.00	0 (	.00			.00
COMM HOSP OUTPATIENT TOTAL	583	4,	017		59,498.0	9	14.81	1.30	0 (	102.06		19	25
MEDICAL	8		12		288.7	9	24.07	.00	) 4	36.10			.09
SURGERY	4		4		244.0	0	61.00	.00	)1	61.00			.08
PATHOLOGY	8		72		1,109.2	6	15.41	.02	23	138.66			.36
RADIOLOGY	5		6		369.1	1	61.52	.00	)2	73.82			.12
ROOM USE	9		12		784.0	5	65.34	.00	) 4	87.12			.25

CROSSOVERS/ALL OTH OUTPTNT		3,911		56,702.88		14.50	1.265		98.44		18.34	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
MENTALLY ILL	0	0		.00		.00	.000		.00		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00	
@NURSING FACILITY	29	593	\$	109,411.00	\$	184.50	.192	\$	3772.79	\$	35.40	
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		12,790.85		.00	.000		.00		4.14	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
LEV B-REGULAR	29	593		96,620.15		162.93	.192		3331.73		31.26	
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00	
ICF DDH	0	0	Υ	.00	۲	.00	.000	۲	.00	Ψ	.00	
ICF DD	0	0		.00		.00	.000		.00		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00	
@HEMODIALYSIS TOTAL	10	16	Ś	5,738.04	\$	358.63	.005	Ċ		Ś	1.86	
HOSPITAL BASED	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00	
	10	16		5,738.04		358.63	.005		573.80		1.86	
HEMODIALYSIS CENTER	0	0	Ś	-,	Ś			Ċ		Ś		
@REHABILITATION FACILITY	0	0	Ş	.00	Ş	.00	.000	Þ		Ş	.00	
HOSPITAL BASED	7			.00		.00	.000		.00		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00	
@LABORATORY FACILITY	5	12	\$	92.80	\$	7.73	.004	Ş	18.56	Ş	.03	
PATHOLOGY	3	3		37.60		12.53	.001		12.53		.01	
XO AND OTHERS	2	9		55.20		6.13	.003		27.60		.02	
@ORGANIZED OUTPATIENT CLINIC	1,007	1,696	\$	95,961.69	\$	56.58	.549	\$	95.29	\$	31.05	
CLINIC	0	0		.00		.00	.000		.00		.00	
SURGICENTER	12	13		2,602.18		200.17	.004		216.85		.84	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00	
RURAL HEALTH CLINIC	1,000	1,683		93,359.51		55.47	.544		93.36		30.20	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	RES I	MONTH-OF-PAYMENT R	EPOR?	FOR JAN 2	2004 THRU	DEC	2004	PZ	AGE 5,176	
MOP024	FEE-FOR-SERVICE	C/DENTAL									03/14/05	
LAKE COUNTY	SUMMARY OF SERV	ICES FOR TITLE	II D	ISREGARD - TOTAL								
							M	ONT	HLY AVERA	GE -		
3,091 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	(	COST PER	
		OR DAYS OF CAR	Œ		PEF	R UNIT/DAY	PER ELIG		USER	I	ELIGIBLE	
@ALL OTHER PROVIDERS	542	19,294	\$	128,874.31	\$	6.68	6.242	\$	237.78	\$	41.69	
DURABLE MED. EQUIP.	13	31		8,692.33		280.40	.010		668.64		2.81	
BLOOD BANK	0	0		.00		.00	.000		.00		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00	
MEDICAL TRANSPORTATION	41	10,826		20,845.93		1.93	3.502		508.44		6.74	
AMBULANCES/AIR TRANS	8	220		1,527.42		6.94	.071		190.93		.49	
OTHER TRANS	26	10,532		18,996.65		1.80	3.407		730.64		6.15	
OTHER SERVICES	10	74		321.86		4.35	.024		32.19		.10	
ACUPUNCTURE	29	72		1,243.51		17.27	.023		42.88		.40	
	0	0		•		.00			.00			
ADULT DAY HEALTH CARE CTR	0	0		.00			.000				.00	
GENETIC DISEASE TESTING	148	0 861		.00		.00	.000		.00		.00 21.60	
IHMC, MODEL-NF, NF, AIDS, MSSP				66,775.31		77.56	.279		451.18			
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00	
OPTICIAN	71	162		2,065.71		12.75	.052		29.09		.67	
	1.1	1.)		()()		(1(1)	(1(1))		(11)			

PHYSICAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

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PORTABLE X-RAY

PROSTHETICS

ORTHOTICS

PSYCHOLOGIST

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27.39

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3,147.37

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HOSPICE SERVICES	7	136		14,264.57	104.89	.044	2037.80	4.61	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	268	7,147		11,757.41	1.65	2.312	43.87	3.80	
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
@XOVER EXCLUDING STATE HOSP**	1,179	16,066	\$	210,287.68	\$ 13.09	5.198	\$ 178.36	\$ 68.03	
O. H. HOHAT O. THE HUNDON TIMES AND CITE			TEEN 6 037	T 11					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,177
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

LAKE COUNTY	SUMMARY OF SER	VICES FOR IN HOME	SUE	PPORT - AGED		AID CODE					
							MC	TNC	HLY AVERA	.GE	
2,970 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	5	COST PER		COST PER
		OR DAYS OF CARE			PEF	- ,	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,584	107,724	\$	1,485,761.50	\$	13.79	36.271	\$	574.99	\$	500.26
@PHYSICIANS SERVICES	448	1,517	\$	18,972.59	\$	12.51	.511	\$	42.35	\$	6.39
OUTPATIENT VISITS	5	5		169.95		33.99	.002		33.99		.06
OFFICE VISITS	4	4		101.60		25.40	.001		25.40		.03
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1	1		68.35		68.35	.000		68.35		.02
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	1	4		.00		.00	.001		.00		.00
HOSPITAL VISITS	1	4		.00		.00	.001		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2	12		228.09		19.01	.004		114.05		.08
PRINCIPAL SURGEON	1	2		108.72		54.36	.001		108.72		.04
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	10		119.37		11.94	.003		119.37		.04
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	2		77.81		38.91	.001		38.91		.03
RADIOLOGY	1	1		6.06		6.06	.000		6.06		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	440	1,493		18,490.68		12.38	.503		42.02		6.23
@PHARMACY	2,207	80,295	\$	795,969.82	\$		27.035	\$	360.66	\$	268.00
PRESCRIPTION DRUGS	2,123	11,365		740,420.63		65.15	3.827		348.76		249.30
SNF/ICF	56	284		13,869.05		48.83	.096		247.66		4.67
OUTPATIENTS	2,069	11,081		726,551.58		65.57	3.731		351.16		244.63
MEDICAL SUPPLIES	458	68,930		55,549.19		.81	23.209		121.29		18.70
@DENTIST	38	124	\$	6,595.25	\$		.042	\$	173.56	\$	2.22
VISITS - DIAGNOSTIC	29	74	-	1,067.00	-	14.42	.025		36.79		.36
ORAL SURGERY	5	30		1,602.25		53.41	.010		320.45		.54

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.000		100.00		.03
PERIODONTICS	1	1		118.00		118.00	.000		118.00		.04
ENDODONTICS	2	2		590.00		295.00	.001		295.00		.20
RESTORATIVE DENTISTRY	2	2		133.00		66.50	.001		66.50		.04
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	7	14		2,985.00		213.21	.005		426.43		1.01
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		ES N	MONTH-OF-PAYMENT RI	E.POR'			)F.C		P	AGE 5,178
MOP024	FEE-FOR-SERVICE				DI OI	1 1010 01110 2	2001 111110 1		, 2001	-	03/14/05
LAKE COUNTY		VICES FOR IN HOME	SIII	PPORT - ACED		AID CODE	1.8				03/14/03
DAKE COONII	SOMMINI OF SERV	TOES FOR IN HOME	501	ITORI AGED		AID CODE	MC	דואר	ATTV AMERA	CF	
2,970 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\ \ 7.	EDACE COCH	UNITS/DAYS		COST PER		COST PER
Z,9/0 ELIGIBLES	USERS	OR DAYS OF CARE		EXPENDITORES		R UNIT/DAY		)	USER		ELIGIBLE
CODMONEMPTOM	E 4			2 462 07				ċ			
@OPTOMETRIST	54	146	\$	2,463.97	\$	16.88	.049	Þ	45.63	Ş	.83
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	46	132		2,208.58		16.73	.044		48.01		.74
OTHER OPTOMETRIC SERVICES	9	14		255.39		18.24	.005		28.38		.09
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	16	20	\$	133.18	\$	6.66	.007	\$	8.32	\$	.04
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	16	20		133.18		6.66	.007		8.32		.04
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	1	18	Ś	53.71	\$	2.98		\$	53.71	Ś	.02
NURSE MIDWIFE	0	0	Ś	.00	Ś	.00		\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	Ś	.00		\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$	.00		\$	.00		.00
@TOTAL HOSPITAL	543	3,715	Š	157,624.31				Š	290.28	\$	53.07
HOSP INPATIENT TOTAL	85	17	т	101,705.42	Ψ.	5982.67	.006	т	1196.53	Τ.	34.24
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3	17		33,507.46		1971.03	.006		11169.15		11.28
ACCOMMODATIONS	3	17		15,488.87		911.11	.006		5162.96		5.22
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	3	17				911.11					
ALL OTHER ACCOM	3	0		15,488.87			.006		5162.96		5.22
ANCILLARIES		_		18,018.59		.00	.000		6006.20		6.07
INPATIENT CROSSOVERS	82	0		68,197.96		.00	.000		831.68		22.96
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	514	3,698		55,918.89		15.12	1.245		108.79		18.83
MEDICAL	2	5		97.70		19.54	.002		48.85		.03
SURGERY	1	1		23.73		23.73	.000		23.73		.01
PATHOLOGY	4	11		137.20		12.47	.004		34.30		.05
RADIOLOGY	1	1		16.19		16.19	.000		16.19		.01
ROOM USE	2	4		124.38		31.10	.001		62.19		.04
CROSSOVERS/ALL OTH OUTPTNT		3 <b>,</b> 676		55 <b>,</b> 519.69		15.10	1.238		108.65		18.69
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
SURGERY	0	0							
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	U	0		.00	.00	.000			.00
ROOM USE	U	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MON	TH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DE	C 2004	PA	AGE 5,179
MOP024	FEE-FOR-SERVICE,					1.0			03/14/05
LAKE COUNTY	SUMMARY OF SERV.	ICES FOR IN HOME	SUPPO	ORT - AGED	AID CODE			~-	
0.050						MON			
2,970 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
_		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	543	3,715	\$	157,624.31	\$ 42.43	1.251 \$		Ş	53.07
COMM HOSP INPATIENT TOTAL	85	17		101,705.42	5982.67	.006	1196.53		34.24
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	3	17		33 <b>,</b> 507.46	1971.03	.006	11169.15		11.28
ACCOMMODATIONS	3	17		15,488.87	911.11	.006	5162.96		5.22
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	3	17		15,488.87	911.11	.006	5162.96		5.22
ANCILLARIES	3	0		18,018.59	.00	.000	6006.20		6.07
INPATIENT CROSSOVERS	82	0		68 <b>,</b> 197.96	.00	.000	831.68		22.96
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	514	3 <b>,</b> 698		55 <b>,</b> 918.89	15.12	1.245	108.79		18.83
MEDICAL	2	5		97.70	19.54	.002	48.85		.03
SURGERY	1	1		23.73	23.73	.000	23.73		.01
PATHOLOGY	4	11		137.20	12.47	.004	34.30		.05
RADIOLOGY	1	1		16.19	16.19	.000	16.19		.01
ROOM USE	2	4		124.38	31.10	.001	62.19		.04
CROSSOVERS/ALL OTH OUTPINT	511	3 <b>,</b> 676		55,519.69	15.10	1.238	108.65		18.69
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	80	1,515	\$	202,762.63	\$ 133.84	.510 \$	2534.53	\$	68.27
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	2	62		7,769.84	125.32	.021	3884.92		2.62
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
		•		0.0	0.0	0.00	0.0		

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853.41 \$

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2499.91

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14.08

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14.08

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

0

0

0

0

0

49

0

49

78

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	539	846	\$	55,923.95	\$	66.10	.285	\$	103.76	\$	18.83
CLINIC	2	4		92.86		23.22	.001		46.43		.03
SURGICENTER	9	13		2,114.54		162.66	.004		234.95		.71
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	530	829		53,716.55		64.80	.279		101.35		18.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES :	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 5,180
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SU	PPORT - AGED		AID CODE	18				
							M	TNOI	HLY AVERA	GΕ	
2,970 ELIGIBLES	USERS	UNITS OF SERVICE	;	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	:		PER	UNIT/DAY	PER ELIG	j	USER		ELIGIBLE
@ALL OTHER PROVIDERS	789	19,449	\$	203,445.09	\$	10.46	6.548	\$	257.85	\$	68.50
DURABLE MED. EQUIP.	19	76		8,862.00		116.61	.026		466.42		2.98
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	88	8 <b>,</b> 937		26,212.47		2.93	3.009		297.87		8.83
AMBULANCES/AIR TRANS	10	64		1,121.06		17.52	.022		112.11		.38
OTHER TRANS	63	8 <b>,</b> 724		24,309.76		2.79	2.937		385.87		8.19
OTHER SERVICES	20	149		781.65		5.25	.050		39.08		.26
ACUPUNCTURE	18	32		551.47		17.23	.011		30.64		.19
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	346	1,533		137,386.14		89.62	.516		397.07		46.26
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	55	142		1,571.15		11.06	.048		28.57		.53
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	1	4		57.47		14.37	.001		57.47		.02
PROSTHETICS	1	4		57.47		14.37	.001		57.47		.02
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	25	49		4,239.29		86.52	.016		169.57		1.43
HOSPICE SERVICES	1	29		3,294.98		113.62	.010		3294.98		1.11
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	385	8,647		21,270.12		2.46	2.911		55.25		7.16
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	1,156	10,660	\$	243,205.51	\$	22.81	3.589	\$	210.39	\$	81.89
LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES*	0	0	\$\\ \tau_{\tau}\	.00 .00 .00 .00 .00 21,270.12	\$ \$	.00 .00 .00 .00 2.46	.000 .000 .000 .000 2.911	\$ \$	.00 .00 .00 .00 55.25	\$ \$	.0 .0 .0 .0 7.1

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,181 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 LAKE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

DAKE COUNTI	DOMINANT OF DEIN	TCES FOR IN HOME	1 201101	(1 DHIND	AID CODE	20		
						MON	THLY AVERA	GE
23 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	29	889	\$	18,267.29	\$ 20.55	38.652 \$	629.91	\$ 794.23
@PHYSICIANS SERVICES	14	52	\$	4,053.70	\$ 77.96	2.261 \$	289.55	\$ 176.25
OUTPATIENT VISITS	8	18		491.33	27.30	.783	61.42	21.36
OFFICE VISITS	7	16		314.90	19.68	.696	44.99	13.69
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		176.43	88.22	.087	88.22	7.67
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	6		210.32	35.05	.261	52.58	9.14
EXAMINATIONS	4	6		210.32	35.05	.261	52.58	9.14
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	15		2,926.33	195.09	.652	585.27	127.23
PRINCIPAL SURGEON	5	10		2,780.35	278.04	.435	556.07	120.88
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5		145.98	29.20	.217	145.98	6.35
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		60.25	60.25	.043	60.25	2.62
RADIOLOGY	2	3		93.66	31.22	.130	46.83	4.07
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	9		271.81	30.20	.391	54.36	11.82
@PHARMACY	29	711	\$	9,565.13	\$ 13.45	30.913 \$	329.83	\$ 415.88
PRESCRIPTION DRUGS	29	121		9,189.70	75.95	5.261	316.89	399.55

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	29	121	9,189.70	75.95	5.261	316.89	399.55
MEDICAL SUPPLIES	3	590	375.43	.64	25.652	125.14	16.32
@DENTIST	1	3 \$	77.00	\$ 25.67	.130 \$	77.00	\$ 3.35
VISITS - DIAGNOSTIC	1	3	77.00	25.67	.130	77.00	3.35
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN 2	004 THRU DE	C 2004	PAGE 5,182
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	IN HOME SU	JPPORT - BLIND	AID CODE :	28		

----- MONTHLY AVERAGE -----23 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 \$ .00 \$ .00 .000 \$ .00 \$ .00 .00 .000 .00 DIAGNOSTIC AND ANC. PROCED .00 .00 .00 .00 .00 EYE APPLIANCES .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .00 .000 .00 .00 \$ .00 \$ @CHIROPRACTOR .00 .000 \$ .00 .00 .00 VISITS .00 .000 .00 .00 OTHER SERVICES .000 .00 .00 \$ .00 \$ @PODIATRIST .00 .000 \$ .00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 SURGERY/ANES. .00 .000 .00 .00 .00 .00 RADIO./PATHOLOGY .00 .000 OTHER 0 .00 .00 .000 .00 .00 .00 \$ .00 .000 \$ .00 \$ @HOME HEALTH AGENCY 0 .00 0 .00 \$ .00 .000 \$ .00 \$ NURSE ANESTHESIST .00 \$ .00 .000 \$ .00 \$ .00 NURSE MIDWIFE .00 PEDIATRIC NURSE PRACTITIONER .00 \$ .000 \$ .00 \$ .00 Ω 0 FAMILY NURSE PRACTITIONER .00 \$ .00 .000 \$ .00 \$ 12 87 2,601.83 \$ @TOTAL HOSPITAL 29.91 3.783 \$ 216.82 \$ 113.12 .000 HOSP INPATIENT TOTAL .00 .00 .00 .00 .00 .00 HSC HOSPITALS .000 .00 NON-HSC HOSPITAL TOTAL .000 .00 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .00 .000 ANCILLARIES .000 .00 INPATIENT CROSSOVERS .00 .00 .00 .00 .00 Ω 0 .00 .000 ALL OTHER INPATIENT .00 12 HOSP OUTPATIENT TOTAL 2,601.83 29.91 3.783 216.82 116.30 23.26 .21, 315.38 157.69 .087 461.01 12.46 1.609 MEDICAL 3 5 38.77 .217 38.77 .087 157.69 5.06 SURGERY 13.71 PATHOLOGY 57.63 20.04

RADIOLOGY	1	2	214.30	107.15	.087	214.30	9.32
ROOM USE	5	9	575.06	63.90	.391	115.01	25.00
CROSSOVERS/ALL OTH OUTPINT	7	32	919.78	28.74	1.391	131.40	39.99
@COUNTY HOSPITAL TOTAL	0	0 5	\$ .00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	S MONTH-OF-PAYMENT REI	PORT FOR JAN	2004 THRU DEG	2004	PAGE 5,183
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	IN HOME S	SUPPORT - BLIND	AID CODE	28		
					MON'	THLY AVERAG	E

							M	ON.I.	HLY AVERA	GE	
23 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	12	87 \$	5	2,601.83	\$	29.91	3.783	\$	216.82	\$	113.12
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	12	87		2,601.83		29.91	3.783		216.82		113.12
MEDICAL	3	5		116.30		23.26	.217		38.77		5.06
SURGERY	2	2		315.38		157.69	.087		157.69		13.71
PATHOLOGY	8	37		461.01		12.46	1.609		57.63		20.04
RADIOLOGY	1	2		214.30		107.15	.087		214.30		9.32
ROOM USE	5	9		575.06		63.90	.391		115.01		25.00
CROSSOVERS/ALL OTH OUTPTNT	7	32		919.78		28.74	1.391		131.40		39.99
@STATE HOSPITAL	0	0 \$	5	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0 \$	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$	Ş	.00	\$	.00	.000	\$	.00	\$	.00

0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
12	14	\$	1,484.56	\$	106.04	.609	\$	123.71	\$	64.55
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
12	14		1,484.56		106.04	.609		123.71		64.55
MEDI-CAL SERVICES AND EX	KPENDITU	RES MONT	H-OF-PAYMENT I	REPORT	' FOR JAN 2	2004 THRU	DEC	2004	PF	AGE 5,184
FEE-FOR-SERVICE/DENTAL										03/14/05
SUMMARY OF SERVICES FOR	IN HOM	E SUPPOR	T - BLIND		AID CODE	28				
	FEE-FOR-SERVICE/DENTAL	0 0 0 0 0 0 0 0 0 12 14 MEDI-CAL SERVICES AND EXPENDITURE FEE-FOR-SERVICE/DENTAL	0 0 0 0 0 0 0 0 0 0 0 12 14 MEDI-CAL SERVICES AND EXPENDITURES MONT FEE-FOR-SERVICE/DENTAL	0 0 0 .00 0 0 0 .00 0 0 0 0 .00 0 0 0 0	0 0 0 .00 0 0 0 .00 0 0 0 0 0 0 0 0 0 0	0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           12         14         \$         1,484.56         \$         106.04           MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2         FEE-FOR-SERVICE/DENTAL         FOR JAN 2	0 0 0 .00 .00 .00 .000 .000 .000 .000	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

EIICE COONTI	DOMINIC OF DELIVIO	SHO LOIK III HOHL	DOLLOI	I DHIND	MID CODE	20		
						MON	ITHLY AVERA	GE
23 ELIGIBLES	USERS (	JNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	22	\$	485.07	\$ 22.05	.957	97.01	\$ 21.09
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	22		485.07	22.05	.957	97.01	21.09
AMBULANCES/AIR TRANS	5	22		485.07	22.05	.957	97.01	21.09
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	3	28	\$	665.27	\$ 23.76	1.217	221.76	\$ 28.92

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,185 MOP024 FEE-FOR-SERVICE/DENTAL

LAKE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED ATD CODE 68 MOP024

					MON	THLY AVERA	GE
2,232 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,060	87 <b>,</b> 838	\$ 1,682,364.16	\$ 19.15	39.354 \$	816.68	\$ 753.75
@PHYSICIANS SERVICES	473	2,418	\$ 90,369.68	\$ 37.37	1.083 \$	191.06	\$ 40.49
OUTPATIENT VISITS	97	134	5,874.16	43.84	.060	60.56	2.63
OFFICE VISITS	59	80	2,541.78	31.77	.036	43.08	1.14
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	40	51	3,268.70	64.09	.023	81.72	1.46
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	63.68	21.23	.001	21.23	.03
INPATIENT VISITS	13	43	1,680.59	39.08	.019	129.28	.75
HOSPITAL VISITS	13	43	1,680.59	39.08	.019	129.28	.75
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	37.15	37.15	.000	37.15	.02
EXAMINATIONS	1	1	37.15	37.15	.000	37.15	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	105	4,041.33	38.49	.047	449.04	1.81
PRINCIPAL SURGEON	6	12	2,617.65	218.14	.005	436.28	1.17
ASSISTANT SURGEON	1	1	223.38	223.38	.000	223.38	.10
ANESTHESIOLOGIST	4	92	1,200.30	13.05	.041	300.08	.54
OUTPATIENT SURGERY	24	63	5,155.54	81.83	.028	214.81	2.31
PRINCIPAL SURGEON	19	26	4,409.36	169.59	.012	232.07	1.98
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	37	746.18	20.17	.017	124.36	.33
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	24	59	1,064.28	18.04	.026	44.35	.48

03/14/05

RADIOLOGY	73	187		6,870.46		36.74	.084		94.12		3.08
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	12	369		31,934.00		86.54	.165		2661.17		14.31
OTHER SERVICES/ALL X-OVERS	345	1,457		33,712.17		23.14	.653		97.72		15.10
@PHARMACY	1,763	55,503	\$	980,468.74	\$	17.67	24.867	\$	556.14	\$	439.28
PRESCRIPTION DRUGS	1 <b>,</b> 739	10,197		944,468.14		92.62	4.569		543.11		423.15
SNF/ICF	1	2		20.88		10.44	.001		20.88		.01
OUTPATIENTS	1,738	10,195		944,447.26		92.64	4.568		543.41		423.14
MEDICAL SUPPLIES	362	45,306		36,000.60		.79	20.298		99.45		16.13
@DENTIST	29	125	\$	5,275.00	\$	42.20	.056	\$	181.90	\$	2.36
VISITS - DIAGNOSTIC	20	69		1,041.00		15.09	.031		52.05		.47
ORAL SURGERY	7	36		1,960.00		54.44	.016		280.00		.88
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	4	4		946.00		236.50	.002		236.50		.42
RESTORATIVE DENTISTRY	5	10		853.00		85.30	.004		170.60		.38
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	3	6		475.00		79.17	.003		158.33		.21
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES MONTH	-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PF	AGE 5,186
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	IN HON	ME SUPPORT	- DISABLED		AID COD	E 68				

LAKE COUNT	DOMINANT OF DERV	ATCHO LOIV III I	.101.101	DOLLOKI	DISADDID		AID CODE	00				
								Mo	ГИC	HLY AVERA	GE.	
2,232 ELIGIBLES	USERS	UNITS OF SERV	JICE		EXPENDITURES	AV.	ERAGE COST	UNITS/DAY	3	COST PER		COST PER
		OR DAYS OF (	CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	59	149	9	\$	3,397.01	\$	22.80	.067	\$	57.58	\$	1.52
DIAGNOSTIC AND ANC. PROCED	16	16	6		754.82		47.18	.007		47.18		.34
EYE APPLIANCES	55	130	)		2,539.28		19.53	.058		46.17		1.14
OTHER OPTOMETRIC SERVICES	2		3		102.91		34.30	.001		51.46		.05
@CHIROPRACTOR	0	(	)	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	(	)		.00		.00	.000		.00		.00
OTHER SERVICES	0	(	)		.00		.00	.000		.00		.00
@PODIATRIST	8	174	4	\$	2,139.44	\$	12.30	.078	\$	267.43	\$	.96
MEDICINE/INJECTIONS	0	(	)		.00		.00	.000		.00		.00
SURGERY/ANES.	0	(	)		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	(	)		.00		.00	.000		.00		.00
OTHER	8	174	4		2,139.44		12.30	.078		267.43		.96
@HOME HEALTH AGENCY	16	100	)	\$	7 <b>,</b> 067.89	\$	70.68	.045	\$	441.74	\$	3.17
NURSE ANESTHESIST	2	31	1	\$	130.74	\$	4.22	.014	\$	65.37	\$	.06
NURSE MIDWIFE	0	(	)	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	(	)	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	(	)	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	458	2,992	1	\$	348 <b>,</b> 577.87	\$	116.54	1.340	\$	761.09	\$	156.17
HOSP INPATIENT TOTAL	54	91			292 <b>,</b> 592.57		3215.30	.041		5418.38		131.09
HSC HOSPITALS	1	34			29 <b>,</b> 105.44		856.04	.015		29105.44		13.04
NON-HSC HOSPITAL TOTAL	13	5			228,652.14		4011.44	.026		17588.63		102.44
ACCOMMODATIONS	12	5	7		65 <b>,</b> 830.61		1154.92	.026		5485.88		29.49
ADMINISTRATIVE DAYS	0	(	)		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	(	)		.00		.00	.000		.00		.00
ALL OTHER ACCOM	12	5	7		65 <b>,</b> 830.61		1154.92	.026		5485.88		29.49
ANCILLARIES	13	(	)		162,821.53		.00	.000		12524.73		72.95

INPATIENT CROSSOVERS	40	0	34,834.99	.00	.000	870.87	15.61
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	438	2,900	55,985.30	19.31	1.299	127.82	25.08
MEDICAL	39	76	2,992.57	39.38	.034	76.73	1.34
SURGERY	9	10	387.27	38.73	.004	43.03	.17
PATHOLOGY	69	280	3,335.26	11.91	.125	48.34	1.49
RADIOLOGY	53	92	8,217.07	89.32	.041	155.04	3.68
ROOM USE	59	79	3,672.34	46.49	.035	62.24	1.65
CROSSOVERS/ALL OTH OUTPTNT	353	2,363	37,380.79	15.82	1.059	105.89	16.75
@COUNTY HOSPITAL TOTAL	0	0 \$	\$ .00	\$ .00	.000		\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			.00 S MONTH-OF-PAYMENT R				
#CALIF DEFI OF REALIR SERV	MEDI-CAL SERVIC	TO AND TYLFINDIIOKTS	5 MONIA-OF-PAIMENI R	LPORI FOR JAN	2004 INKO D	EC 2004	PAGE 5,187
MODO24	FFF_FOD_CFDUTCF	/ DENITAT					
MOP024	FEE-FOR-SERVICE		SIIDDODT - DISABIED	AID CODE	6.9		03/14/05
MOP024 LAKE COUNTY		/DENTAL ICES FOR IN HOME S	SUPPORT - DISABLED	AID CODE		NTHLY AVERA	
			SUPPORT - DISABLED  EXPENDITURES	AID CODE	MO		03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR IN HOME S			MO UNITS/DAYS		03/14/05 GE
LAKE COUNTY	SUMMARY OF SERV	ICES FOR IN HOME S UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MO UNITS/DAYS PER ELIG	COST PER	03/14/05 GE COST PER ELIGIBLE
LAKE COUNTY  2,232 ELIGIBLES	SUMMARY OF SERV	ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MO UNITS/DAYS PER ELIG	COST PER USER	03/14/05 GE COST PER ELIGIBLE
LAKE COUNTY  2,232 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 458	ICES FOR IN HOME S  UNITS OF SERVICE OR DAYS OF CARE 2,991 \$	EXPENDITURES \$ 348,577.87	AVERAGE COST PER UNIT/DAY \$ 116.54	MO UNITS/DAYS PER ELIG 1.340	COST PER USER \$ 761.09	03/14/05  GE  COST PER ELIGIBLE \$ 156.17
LAKE COUNTY  2,232 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS 458 54	UNITS OF SERVICE OR DAYS OF CARE 2,991 91	EXPENDITURES \$ 348,577.87 292,592.57 29,105.44	AVERAGE COST PER UNIT/DAY \$ 116.54 3215.30 856.04	MO UNITS/DAYS PER ELIG 1.340 .041	COST PER USER \$ 761.09 5418.38	03/14/05  GE  COST PER  ELIGIBLE  \$ 156.17  131.09
LAKE COUNTY  2,232 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS 458 54 1	UNITS OF SERVICE OR DAYS OF CARE 2,991 91 34	EXPENDITURES \$ 348,577.87 292,592.57	AVERAGE COST PER UNIT/DAY \$ 116.54 3215.30 856.04 4011.44	MO UNITS/DAYS PER ELIG 1.340 .041 .015	COST PER USER \$ 761.09 5418.38 29105.44 17588.63	03/14/05  GE  COST PER ELIGIBLE \$ 156.17 131.09 13.04
LAKE COUNTY  2,232 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 458 54 1 13	UNITS OF SERVICE OR DAYS OF CARE 2,991 91 34 57	EXPENDITURES \$ 348,577.87 292,592.57 29,105.44 228,652.14	AVERAGE COST PER UNIT/DAY \$ 116.54 3215.30 856.04	MO UNITS/DAYS PER ELIG 1.340 .041 .015 .026	COST PER USER \$ 761.09 5418.38 29105.44	03/14/05  GE  COST PER  ELIGIBLE  \$ 156.17  131.09  13.04  102.44
LAKE COUNTY  2,232 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 458 54 1 13	UNITS OF SERVICE OR DAYS OF CARE 2,991 91 34 57 57	\$ 348,577.87 292,592.57 29,105.44 228,652.14 65,830.61	AVERAGE COST PER UNIT/DAY \$ 116.54 3215.30 856.04 4011.44 1154.92	MO UNITS/DAYS PER ELIG 1.340 .041 .015 .026	COST PER USER \$ 761.09 5418.38 29105.44 17588.63 5485.88	03/14/05  GE COST PER ELIGIBLE \$ 156.17 131.09 13.04 102.44 29.49
LAKE COUNTY  2,232 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV USERS 458 54 1 13 12 0	UNITS OF SERVICE OR DAYS OF CARE 2,991 91 34 57 57	\$ 348,577.87 292,592.57 29,105.44 228,652.14 65,830.61	AVERAGE COST PER UNIT/DAY \$ 116.54 3215.30 856.04 4011.44 1154.92 .00	MO UNITS/DAYS PER ELIG 1.340 .041 .015 .026 .026 .000	COST PER USER \$ 761.09 5418.38 29105.44 17588.63 5485.88 .00	03/14/05  GE  COST PER ELIGIBLE \$ 156.17 131.09 13.04 102.44 29.49 .00
LAKE COUNTY  2,232 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	USERS 458 54 1 13 12 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 2,991 91 34 57 57 0 0	EXPENDITURES  \$ 348,577.87 292,592.57 29,105.44 228,652.14 65,830.61 .00 .00 65,830.61	AVERAGE COST PER UNIT/DAY \$ 116.54 3215.30 856.04 4011.44 1154.92 .00 .00	MO UNITS/DAYS PER ELIG 1.340 .041 .015 .026 .026 .000	COST PER USER \$ 761.09 5418.38 29105.44 17588.63 5485.88 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ 156.17 131.09 13.04 102.44 29.49 .00 .00
LAKE COUNTY  2,232 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV USERS  458 54 1 13 12 0 0 12	UNITS OF SERVICE OR DAYS OF CARE 2,991 91 34 57 57 0 0 57	EXPENDITURES  \$ 348,577.87 292,592.57 29,105.44 228,652.14 65,830.61 .00 .00	AVERAGE COST PER UNIT/DAY \$ 116.54 3215.30 856.04 4011.44 1154.92 .00 .00 1154.92	MO UNITS/DAYS PER ELIG 1.340 .041 .015 .026 .026 .000 .000 .000	COST PER USER \$ 761.09 5418.38 29105.44 17588.63 5485.88 .00 .00 5485.88	03/14/05  GE COST PER ELIGIBLE \$ 156.17 131.09 13.04 102.44 29.49 .00 .00 29.49
LAKE COUNTY  2,232 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV  USERS  458 54 1 13 12 0 0 12 13	UNITS OF SERVICE OR DAYS OF CARE 2,991 91 34 57 57 0 0 57	EXPENDITURES  \$ 348,577.87 292,592.57 29,105.44 228,652.14 65,830.61 .00 .00 65,830.61 162,821.53	AVERAGE COST PER UNIT/DAY \$ 116.54 3215.30 856.04 4011.44 1154.92 .00 .00 1154.92 .00 .00	MO UNITS/DAYS PER ELIG 1.340 .041 .015 .026 .026 .000 .000 .000	COST PER USER \$ 761.09 5418.38 29105.44 17588.63 5485.88 .00 .00 5485.88 12524.73 870.87	03/14/05  GE COST PER ELIGIBLE \$ 156.17 131.09 13.04 102.44 29.49 .00 .00 29.49 72.95
LAKE COUNTY  2,232 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV  USERS  458 54 1 13 12 0 0 12 13 40	UNITS OF SERVICE OR DAYS OF CARE 2,991 91 34 57 0 0 57 0	EXPENDITURES  \$ 348,577.87 292,592.57 29,105.44 228,652.14 65,830.61 .00 .00 65,830.61 162,821.53 34,834.99 .00	AVERAGE COST PER UNIT/DAY \$ 116.54 3215.30 856.04 4011.44 1154.92 .00 .00 1154.92 .00	MO UNITS/DAYS PER ELIG 1.340 .041 .015 .026 .026 .000 .000 .000 .000	COST PER USER \$ 761.09 5418.38 29105.44 17588.63 5485.88 .00 .00 5485.88 12524.73	03/14/05  GE COST PER ELIGIBLE \$ 156.17 131.09 13.04 102.44 29.49 .00 .00 29.49 72.95 15.61
LAKE COUNTY  2,232 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV  USERS  458 54 1 13 12 0 0 12 13 40 0	UNITS OF SERVICE OR DAYS OF CARE 2,991 91 34 57 57 0 0 57 0	EXPENDITURES  \$ 348,577.87 292,592.57 29,105.44 228,652.14 65,830.61 .00 .00 65,830.61 162,821.53 34,834.99 .00 55,985.30	AVERAGE COST PER UNIT/DAY \$ 116.54 3215.30 856.04 4011.44 1154.92 .00 .00 1154.92 .00 .00 .00	MO UNITS/DAYS PER ELIG 1.340 .041 .015 .026 .026 .000 .000 .026 .000	COST PER USER \$ 761.09 5418.38 29105.44 17588.63 5485.88 .00 .00 5485.88 12524.73 870.87	03/14/05  GE COST PER ELIGIBLE \$ 156.17 131.09 13.04 102.44 29.49 .00 .00 29.49 72.95 15.61 .00
2,232 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV  USERS  458 54 1 13 12 0 0 12 13 40 0 438	UNITS OF SERVICE OR DAYS OF CARE 2,991 91 34 57 57 0 0 0 2,900	EXPENDITURES  \$ 348,577.87 292,592.57 29,105.44 228,652.14 65,830.61 .00 .00 65,830.61 162,821.53 34,834.99 .00	AVERAGE COST PER UNIT/DAY \$ 116.54 3215.30 856.04 4011.44 1154.92 .00 .00 1154.92 .00 .00 .00 .00 .00	MO UNITS/DAYS PER ELIG 1.340 .041 .015 .026 .026 .000 .000 .000 .000 .000	COST PER USER  761.09 5418.38 29105.44 17588.63 5485.88 .00 .00 5485.88 12524.73 870.87 .00 127.82	03/14/05  GE COST PER ELIGIBLE \$ 156.17 131.09 13.04 102.44 29.49 .00 .00 29.49 72.95 15.61 .00 25.08
2,232 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV  USERS  458 54 1 13 12 0 12 13 40 0 438 39 9	UNITS OF SERVICE OR DAYS OF CARE 2,991 91 34 57 57 0 0 0 57 0 0 2,900 76 10	EXPENDITURES  348,577.87 292,592.57 29,105.44 228,652.14 65,830.61 .00 .00 65,830.61 162,821.53 34,834.99 .00 55,985.30 2,992.57 387.27	AVERAGE COST PER UNIT/DAY \$ 116.54 3215.30 856.04 4011.44 1154.92 .00 .00 1154.92 .00 .00 19.31 39.38 38.73	MO UNITS/DAYS PER ELIG 1.340 .041 .015 .026 .026 .000 .000 .000 .026 .000 .000	COST PER USER  761.09 5418.38 29105.44 17588.63 5485.88 .00 .00 5485.88 12524.73 870.87 .00 127.82 76.73 43.03	03/14/05  GE COST PER ELIGIBLE \$ 156.17 131.09 13.04 102.44 29.49 .00 .00 29.49 72.95 15.61 .00 25.08 1.34 .17
2,232 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV  USERS  458 54 1 13 12 0 0 12 13 40 0 438 39	UNITS OF SERVICE OR DAYS OF CARE 2,991 91 34 57 57 0 0 0 2,900 76 10 280	EXPENDITURES  348,577.87 292,592.57 29,105.44 228,652.14 65,830.61 .00 .00 65,830.61 162,821.53 34,834.99 .00 55,985.30 2,992.57 387.27 3,335.26	AVERAGE COST PER UNIT/DAY \$ 116.54 3215.30 856.04 4011.44 1154.92 .00 .00 1154.92 .00 .00 19.31 39.38 38.73 11.91	MO UNITS/DAYS PER ELIG 1.340 .041 .015 .026 .026 .000 .000 .000 .000 .000 .000	COST PER USER \$ 761.09 5418.38 29105.44 17588.63 5485.88 .00 .00 .5485.88 12524.73 870.87 .00 127.82 76.73	03/14/05  GE COST PER ELIGIBLE \$ 156.17 131.09 13.04 102.44 29.49 .00 .00 29.49 72.95 15.61 .00 25.08 1.34
2,232 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV USERS  458 54 1 13 12 0 0 12 13 40 0 438 39 9 69	UNITS OF SERVICE OR DAYS OF CARE 2,991 91 34 57 57 0 0 0 57 0 0 2,900 76 10	EXPENDITURES  348,577.87 292,592.57 29,105.44 228,652.14 65,830.61 .00 .00 65,830.61 162,821.53 34,834.99 .00 55,985.30 2,992.57 387.27	AVERAGE COST PER UNIT/DAY \$ 116.54 3215.30 856.04 4011.44 1154.92 .00 .00 1154.92 .00 .00 19.31 39.38 38.73	MO UNITS/DAYS PER ELIG 1.340 .041 .015 .026 .026 .000 .000 .000 .026 .000 .000	COST PER USER  761.09 5418.38 29105.44 17588.63 5485.88 .00 .00 5485.88 12524.73 870.87 .00 127.82 76.73 43.03 48.34	03/14/05  GE COST PER ELIGIBLE \$ 156.17 131.09 13.04 102.44 29.49 .00 .00 29.49 72.95 15.61 .00 25.08 1.34 .17 1.49
2,232 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV  USERS  458 54 1 13 12 0 0 12 13 40 0 438 39 9 69 53	UNITS OF SERVICE OR DAYS OF CARE 2,991 91 34 57 57 0 0 0 2,900 76 10 280 92 79	EXPENDITURES  \$ 348,577.87 292,592.57 29,105.44 228,652.14 65,830.61 .00 .00 65,830.61 162,821.53 34,834.99 .00 55,985.30 2,992.57 387.27 3,335.26 8,217.07	AVERAGE COST PER UNIT/DAY \$ 116.54 3215.30 856.04 4011.44 1154.92 .00 .00 1154.92 .00 .00 19.31 39.38 38.73 11.91 89.32	MO UNITS/DAYS PER ELIG 1.340 .041 .015 .026 .026 .000 .000 .000 .026 .000 .000	COST PER USER 761.09 5418.38 29105.44 17588.63 5485.88 .00 .00 5485.88 12524.73 870.87 .00 127.82 76.73 43.03 48.34 155.04	03/14/05  GE COST PER ELIGIBLE \$ 156.17 131.09 13.04 102.44 29.49 .00 .00 29.49 72.95 15.61 .00 25.08 1.34 .17 1.49 3.68
2,232 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV  USERS  458 54 1 13 12 0 0 12 13 40 0 438 39 9 69 53 59	UNITS OF SERVICE OR DAYS OF CARE 2,991 91 34 57 57 0 0 0 2,900 76 10 280 92	EXPENDITURES  \$ 348,577.87 292,592.57 29,105.44 228,652.14 65,830.61 .00 .00 65,830.61 162,821.53 34,834.99 .00 55,985.30 2,992.57 387.27 3,335.26 8,217.07 3,672.34 37,380.79	AVERAGE COST PER UNIT/DAY \$ 116.54 3215.30 856.04 4011.44 1154.92 .00 .00 1154.92 .00 .00 19.31 39.38 38.73 11.91 89.32 46.49	MO UNITS/DAYS PER ELIG 1.340 .041 .015 .026 .026 .000 .000 .000 .000 .000 .000	COST PER USER  761.09 5418.38 29105.44 17588.63 5485.88 .00 .00 5485.88 12524.73 870.87 .00 127.82 76.73 43.03 48.34 155.04 62.24 105.89	03/14/05  GE COST PER ELIGIBLE \$ 156.17 131.09 13.04 102.44 29.49 .00 .00 29.49 72.95 15.61 .00 25.08 1.34 .17 1.49 3.68 1.65
2,232 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV  USERS  458 54 1 13 12 0 0 12 13 40 0 438 39 9 69 53 59 353	UNITS OF SERVICE OR DAYS OF CARE 2,991 91 34 57 57 0 0 2,900 76 10 280 92 79 2,363	EXPENDITURES  \$ 348,577.87 292,592.57 29,105.44 228,652.14 65,830.61 .00 .00 65,830.61 162,821.53 34,834.99 .00 55,985.30 2,992.57 387.27 3,335.26 8,217.07 3,672.34 37,380.79	AVERAGE COST PER UNIT/DAY \$ 116.54 3215.30 856.04 4011.44 1154.92 .00 .00 1154.92 .00 .00 19.31 39.38 38.73 11.91 89.32 46.49 15.82	MO UNITS/DAYS PER ELIG 1.340 .041 .015 .026 .026 .000 .000 .000 .000 .000 .000	COST PER USER  761.09 5418.38 29105.44 17588.63 5485.88 .00 .00 5485.88 12524.73 870.87 .00 127.82 76.73 43.03 48.34 155.04 62.24 105.89	03/14/05  GE COST PER ELIGIBLE \$ 156.17 131.09 13.04 102.44 29.49 .00 .00 29.49 72.95 15.61 .00 25.08 1.34 .17 1.49 3.68 1.65 16.75
LAKE COUNTY  2,232 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV  USERS  458 54 1 13 12 0 0 12 13 40 0 438 39 9 69 53 59 353 0	UNITS OF SERVICE OR DAYS OF CARE 2,991 91 34 57 57 0 0 0 2,900 76 10 280 92 79 2,363 0 \$	EXPENDITURES  \$ 348,577.87 292,592.57 29,105.44 228,652.14 65,830.61 .00 .00 65,830.61 162,821.53 34,834.99 .00 55,985.30 2,992.57 387.27 3,335.26 8,217.07 3,672.34 37,380.79	AVERAGE COST PER UNIT/DAY \$ 116.54 3215.30 856.04 4011.44 1154.92 .00 .00 1154.92 .00 .00 19.31 39.38 38.73 11.91 89.32 46.49 15.82 \$ .00	MO UNITS/DAYS PER ELIG 1.340 .041 .015 .026 .026 .000 .000 .026 .000 .000 .000	COST PER USER  \$ 761.09 5418.38 29105.44 17588.63 5485.88 .00 .00 5485.88 12524.73 870.87 .00 127.82 76.73 43.03 48.34 155.04 62.24 105.89 \$ .00 .00	03/14/05  GE COST PER ELIGIBLE \$ 156.17 131.09 13.04 102.44 29.49 .00 .00 29.49 72.95 15.61 .00 25.08 1.34 .17 1.49 3.68 1.65 16.75 \$ .00
LAKE COUNTY  2,232 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV  USERS  458 54 1 13 12 0 0 12 13 40 0 438 39 9 69 53 59 353 0 0	UNITS OF SERVICE OR DAYS OF CARE 2,991 91 34 57 57 0 0 2,900 76 10 280 92 79 2,363 0 0	EXPENDITURES  \$ 348,577.87 292,592.57 29,105.44 228,652.14 65,830.61 .00 .00 65,830.61 162,821.53 34,834.99 .00 55,985.30 2,992.57 387.27 3,335.26 8,217.07 3,672.34 37,380.79 \$ .00 .00	AVERAGE COST PER UNIT/DAY \$ 116.54 3215.30 856.04 4011.44 1154.92 .00 .00 1154.92 .00 .00 .154.92 .00 .00 .19.31 .39.38 .38.73 .11.91 .89.32 .46.49 .15.82 \$ .00 .00	MO UNITS/DAYS PER ELIG 1.340 .041 .015 .026 .026 .000 .000 .000 .000 .000 .000	COST PER USER  761.09 5418.38 29105.44 17588.63 5485.88 .00 .00 5485.88 12524.73 870.87 .00 127.82 76.73 43.03 48.34 155.04 62.24 105.89 \$ .00 .00	03/14/05  GE COST PER ELIGIBLE \$ 156.17 131.09 13.04 102.44 29.49 .00 .00 29.49 72.95 15.61 .00 25.08 1.34 .17 1.49 3.68 1.65 16.75 \$ .00 .00
LAKE COUNTY  2,232 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV  USERS  458 54 1 13 12 0 0 12 13 40 0 438 39 9 69 53 59 353 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 2,991 91 34 57 60 0 2,900 76 10 280 92 79 2,363 0 0	EXPENDITURES  \$ 348,577.87 292,592.57 29,105.44 228,652.14 65,830.61 .00 .00 65,830.61 162,821.53 34,834.99 .00 55,985.30 2,992.57 387.27 3,335.26 8,217.07 3,672.34 37,380.79 \$ .00 .00	AVERAGE COST PER UNIT/DAY \$ 116.54 3215.30 856.04 4011.44 1154.92 .00 .00 1154.92 .00 .00 .00 19.31 39.38 38.73 11.91 89.32 46.49 15.82 \$ .00 .00 .00	MO UNITS/DAYS PER ELIG 1.340 .041 .015 .026 .026 .000 .000 .026 .000 .000 .000	COST PER USER  761.09 5418.38 29105.44 17588.63 5485.88 .00 .00 5485.88 12524.73 870.87 .00 127.82 76.73 43.03 48.34 155.04 62.24 105.89 \$ .00 .00	03/14/05  GE COST PER ELIGIBLE \$ 156.17 131.09 13.04 102.44 29.49 .00 .00 29.49 72.95 15.61 .00 25.08 1.34 .17 1.49 3.68 1.65 16.75 \$ .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	4	26		3,241.15		124.66	.012		810.29		1.45
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$		\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	31	286	\$	37,001.67	\$	129.38	.128	\$		\$	16.58
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	31	286		37,001.67		129.38	.128		1193.60		16.58
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$		\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	17	94	\$	919.89	\$	9.79	.042	\$	54.11	\$	.41
PATHOLOGY	15	86		864.69		10.05	.039		57.65		.39
XO AND OTHERS	2	8		55.20		6.90	.004		27.60		.02
@ORGANIZED OUTPATIENT CLINIC	817	1,482	\$	103,350.49	\$	69.74	.664	\$	126.50	\$	46.30
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	817	1,482		103,350.49		69.74	.664		126.50		46.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	JRES	MONTH-OF-PAYMENT RI	EPORI	FOR JAN 2	004 THRU	DEC	2004	PF	AGE 5,188
MOP024	FEE-FOR-SERVIC	E/DENTAL									03/14/05
LAKE COUNTY	SUMMARY OF SER	VICES FOR IN HOM	ME SU	PPORT - DISABLED		AID CODE	68				
							7.		'HLY AVERA	CF -	
										GE -	
2,232 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		RAGE COST	UNITS/DAY	'S	COST PER		COST PER
,		OR DAYS OF CAR	RE		PEF	R UNIT/DAY	UNITS/DAY	ZS	COST PER USER	C E	ELIGIBLE
@ALL OTHER PROVIDERS	542	OR DAYS OF CAP 24,459		100,424.59		R UNIT/DAY 4.11	UNITS/DAY PER ELIC 10.958	'S	COST PER USER 185.29	C E	ELIGIBLE 44.99
@ALL OTHER PROVIDERS DURABLE MED. EQUIP.	542 28	OR DAYS OF CAR 24,459 58	RE	100,424.59 13,933.25	PEF	4.11 240.23	UNITS/DAY PER ELIG 10.958 .026	ZS	COST PER USER 185.29 497.62	C E	ELIGIBLE 44.99 6.24
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	542 28 0	OR DAYS OF CAM 24,459 58 0	RE	100,424.59 13,933.25	PEF	4.11 240.23 .00	UNITS/DAY PER ELIG 10.958 .026 .000	ZS	COST PER USER 185.29 497.62 .00	C E	ELIGIBLE 44.99 6.24 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	542 28 0	OR DAYS OF CAM 24,459 58 0 0	RE	100,424.59 13,933.25 .00	PEF	R UNIT/DAY 4.11 240.23 .00 .00	UNITS/DAY PER ELIG 10.958 .026 .000	ZS	COST PER USER 185.29 497.62 .00	C E	ELIGIBLE 44.99 6.24 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	542 28 0 0	OR DAYS OF CAM 24,459 58 0 0 18,033	RE	100,424.59 13,933.25 .00 .00 43,462.98	PEF	R UNIT/DAY 4.11 240.23 .00 .00 2.41	UNITS/DAY PER ELIG 10.958 .026 .000 .000 8.079	ZS	COST PER USER 185.29 497.62 .00 .00 530.04	C E	ELIGIBLE 44.99 6.24 .00 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	542 28 0 0 82 31	OR DAYS OF CAM 24,459 58 0 0 18,033 293	RE	100,424.59 13,933.25 .00 .00 43,462.98 5,699.92	PEF	R UNIT/DAY 4.11 240.23 .00 .00 2.41 19.45	UNITS/DAY PER ELIG 10.958 .026 .000 .000 8.079 .131	ZS	COST PER USER 185.29 497.62 .00 .00 530.04 183.87	C E	44.99 6.24 .00 .00 19.47 2.55
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	542 28 0 0 82 31 50	OR DAYS OF CAM 24,459 58 0 0 18,033 293 17,719	RE	100,424.59 13,933.25 .00 .00 43,462.98 5,699.92 35,782.18	PEF	R UNIT/DAY 4.11 240.23 .00 .00 2.41 19.45 2.02	UNITS/DAY PER ELIG 10.958 .026 .000 .000 8.079 .131 7.939	ZS	COST PER USER 185.29 497.62 .00 .00 530.04 183.87 715.64	C E	44.99 6.24 .00 .00 19.47 2.55 16.03
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	542 28 0 0 82 31 50 4	OR DAYS OF CAM 24,459 58 0 0 18,033 293 17,719 21	RE	100,424.59 13,933.25 .00 .00 43,462.98 5,699.92 35,782.18 1,980.88	PEF	R UNIT/DAY 4.11 240.23 .00 .00 2.41 19.45 2.02 94.33	UNITS/DAY PER ELIG 10.958 .026 .000 .000 8.079 .131 7.939 .009	ZS	COST PER USER 185.29 497.62 .00 .00 530.04 183.87 715.64 495.22	C E	44.99 6.24 .00 .00 19.47 2.55 16.03
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	542 28 0 0 82 31 50 4 25	OR DAYS OF CAM 24,459 58 0 0 18,033 293 17,719 21 62	RE	100,424.59 13,933.25 .00 .00 43,462.98 5,699.92 35,782.18 1,980.88 1,070.50	PEF	R UNIT/DAY 4.11 240.23 .00 .00 2.41 19.45 2.02 94.33 17.27	UNITS/DAY PER ELIG 10.958 .026 .000 .000 8.079 .131 7.939 .009 .028	ZS	COST PER USER 185.29 497.62 .00 .00 530.04 183.87 715.64 495.22 42.82	C E	44.99 6.24 .00 .00 19.47 2.55 16.03 .89 .48
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	542 28 0 0 82 31 50 4 25	OR DAYS OF CAM 24,459 58 0 0 18,033 293 17,719 21 62 0	RE	100,424.59 13,933.25 .00 .00 43,462.98 5,699.92 35,782.18 1,980.88 1,070.50	PEF	R UNIT/DAY 4.11 240.23 .00 .00 2.41 19.45 2.02 94.33 17.27 .00	UNITS/DAY PER ELIG 10.958 .026 .000 .000 8.079 .131 7.939 .009 .028 .000	ZS	COST PER USER 185.29 497.62 .00 .00 530.04 183.87 715.64 495.22 42.82 .00	C E	44.99 6.24 .00 .00 19.47 2.55 16.03 .89 .48
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	542 28 0 0 82 31 50 4 25 0	OR DAYS OF CAM 24,459 58 0 0 18,033 293 17,719 21 62 0 0	RE	100,424.59 13,933.25 .00 .00 43,462.98 5,699.92 35,782.18 1,980.88 1,070.50 .00 .00	PEF	R UNIT/DAY 4.11 240.23 .00 .00 2.41 19.45 2.02 94.33 17.27 .00 .00	UNITS/DAY PER ELIG 10.958 .026 .000 .000 8.079 .131 7.939 .009 .028 .000 .000	ZS	COST PER USER 185.29 497.62 .00 .00 530.04 183.87 715.64 495.22 42.82 .00 .00	C E	44.99 6.24 .00 .00 19.47 2.55 16.03 .89 .48 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	542 28 0 0 82 31 50 4 25 0 0	OR DAYS OF CAM 24,459 58 0 0 18,033 293 17,719 21 62 0 0 122	RE	100,424.59 13,933.25 .00 .00 43,462.98 5,699.92 35,782.18 1,980.88 1,070.50 .00 .00 13,994.62	PEF	R UNIT/DAY 4.11 240.23 .00 .00 2.41 19.45 2.02 94.33 17.27 .00 .00 114.71	UNITS/DAY PER ELIG 10.958 .026 .000 .000 8.079 .131 7.939 .009 .028 .000 .000	ZS	COST PER USER 185.29 497.62 .00 .00 530.04 183.87 715.64 495.22 42.82 .00 .00 411.61	C E	44.99 6.24 .00 .00 19.47 2.55 16.03 .89 .48 .00 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	542 28 0 0 82 31 50 4 25 0 0 34	OR DAYS OF CAR 24,459 58 0 0 18,033 293 17,719 21 62 0 0 122	RE	100,424.59 13,933.25 .00 .00 43,462.98 5,699.92 35,782.18 1,980.88 1,070.50 .00 13,994.62 .00	PEF	R UNIT/DAY 4.11 240.23 .00 .00 2.41 19.45 2.02 94.33 17.27 .00 .00 114.71	UNITS/DAY PER ELIG 10.958 .026 .000 .000 8.079 .131 7.939 .009 .028 .000 .000 .055	ZS	COST PER USER 185.29 497.62 .00 .00 530.04 183.87 715.64 495.22 42.82 .00 .00 411.61	C E	44.99 6.24 .00 .00 19.47 2.55 16.03 .89 .48 .00 .00 6.27
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	542 28 0 0 82 31 50 4 25 0 0 34 0 62	OR DAYS OF CAM 24,459 58 0 0 18,033 293 17,719 21 62 0 0 122 0 158	RE	100,424.59 13,933.25 .00 .00 43,462.98 5,699.92 35,782.18 1,980.88 1,070.50 .00 13,994.62 .00 1,732.87	PEF	R UNIT/DAY 4.11 240.23 .00 .00 2.41 19.45 2.02 94.33 17.27 .00 .00 114.71 .00 10.97	UNITS/DAY PER ELIG 10.958 .026 .000 .000 8.079 .131 7.939 .009 .028 .000 .055 .000 .071	ZS	COST PER USER 185.29 497.62 .00 .00 530.04 183.87 715.64 495.22 42.82 .00 .00 411.61 .00 27.95	C E	44.99 6.24 .00 .00 19.47 2.55 16.03 .89 .48 .00 .00 6.27 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	542 28 0 0 82 31 50 4 25 0 0 34 0 62 12	OR DAYS OF CAM 24,459 58 0 0 18,033 293 17,719 21 62 0 122 0 158 120	RE	100,424.59 13,933.25 .00 .00 43,462.98 5,699.92 35,782.18 1,980.88 1,070.50 .00 13,994.62 .00 1,732.87 1,602.77	PEF	R UNIT/DAY 4.11 240.23 .00 .00 2.41 19.45 2.02 94.33 17.27 .00 .00 114.71 .00 10.97 13.36	UNITS/DAY PER ELIG 10.958 .026 .000 .000 8.079 .131 7.939 .009 .028 .000 .000 .055 .000 .071 .054	ZS	COST PER USER 185.29 497.62 .00 .00 530.04 183.87 715.64 495.22 42.82 .00 .00 411.61 .00 27.95 133.56	C E	44.99 6.24 .00 .00 19.47 2.55 16.03 .89 .48 .00 .00 6.27 .00 .78
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	542 28 0 0 82 31 50 4 25 0 0 34 0 62 12	OR DAYS OF CAM 24,459 58 0 0 18,033 293 17,719 21 62 0 122 0 158 120 0	RE	100,424.59 13,933.25 .00 .00 43,462.98 5,699.92 35,782.18 1,980.88 1,070.50 .00 13,994.62 .00 1,732.87 1,602.77 .00	PEF	R UNIT/DAY 4.11 240.23 .00 .00 2.41 19.45 2.02 94.33 17.27 .00 .00 114.71 .00 10.97 13.36 .00	UNITS/DAY PER ELIG 10.958 .026 .000 .000 8.079 .131 7.939 .009 .028 .000 .0055 .000 .071 .054 .000	ZS	COST PER USER 185.29 497.62 .00 .00 530.04 183.87 715.64 495.22 42.82 .00 .00 411.61 .00 27.95 133.56 .00	C E	44.99 6.24 .00 .00 19.47 2.55 16.03 .89 .48 .00 .00 6.27 .00 .78 .72
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	542 28 0 0 82 31 50 4 25 0 0 34 0 62 12 0	OR DAYS OF CAM 24,459 58 0 0 18,033 293 17,719 21 62 0 122 0 158 120 0 2	RE	100,424.59 13,933.25 .00 .00 43,462.98 5,699.92 35,782.18 1,980.88 1,070.50 .00 13,994.62 .00 1,732.87 1,602.77 .00 7.72	PEF	R UNIT/DAY 4.11 240.23 .00 .00 2.41 19.45 2.02 94.33 17.27 .00 .00 114.71 .00 10.97 13.36 .00 3.86	UNITS/DAY PER ELIG 10.958 .026 .000 .000 8.079 .131 7.939 .009 .028 .000 .000 .055 .000 .071 .054 .000 .001	ZS	COST PER USER 185.29 497.62 .00 .00 530.04 183.87 715.64 495.22 42.82 .00 .00 411.61 .00 27.95 133.56 .00 7.72	C E	44.99 6.24 .00 .00 19.47 2.55 16.03 .89 .48 .00 .00 6.27 .00 .78 .72 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	542 28 0 0 82 31 50 4 25 0 0 34 0 62 12 0	OR DAYS OF CAM 24,459 58 0 0 18,033 293 17,719 21 62 0 122 0 158 120 0 2	RE	100,424.59 13,933.25 .00 .00 43,462.98 5,699.92 35,782.18 1,980.88 1,070.50 .00 13,994.62 .00 1,732.87 1,602.77 .00 7.72 7.72	PEF	R UNIT/DAY 4.11 240.23 .00 .00 2.41 19.45 2.02 94.33 17.27 .00 .00 114.71 .00 10.97 13.36 .00 3.86 3.86	UNITS/DAY PER ELIG 10.958 .026 .000 .000 8.079 .131 7.939 .009 .028 .000 .000 .055 .000 .071 .054 .000 .001	ZS	COST PER USER 185.29 497.62 .00 .00 530.04 183.87 715.64 495.22 42.82 .00 .00 411.61 .00 27.95 133.56 .00 7.72 7.72	C E	44.99 6.24 .00 .00 19.47 2.55 16.03 .89 .48 .00 .00 6.27 .00 .78 .72 .00 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	542 28 0 0 82 31 50 4 25 0 0 34 0 62 12 0	OR DAYS OF CAM 24,459 58 0 0 18,033 293 17,719 21 62 0 122 0 158 120 0 2 2	RE	100,424.59 13,933.25 .00 .00 43,462.98 5,699.92 35,782.18 1,980.88 1,070.50 .00 13,994.62 .00 1,732.87 1,602.77 .00 7.72 7.72 7.72	PEF	R UNIT/DAY 4.11 240.23 .00 .00 2.41 19.45 2.02 94.33 17.27 .00 .00 114.71 .00 10.97 13.36 .00 3.86 3.86 .00	UNITS/DAY PER ELIG 10.958 .026 .000 .000 8.079 .131 7.939 .009 .028 .000 .000 .055 .000 .071 .054 .000 .001 .001	ZS	COST PER USER 185.29 497.62 .00 .00 530.04 183.87 715.64 495.22 42.82 .00 .00 411.61 .00 27.95 133.56 .00 7.72 7.72 .00	C E	44.99 6.24 .00 .00 19.47 2.55 16.03 .89 .48 .00 .00 6.27 .00 .78 .72 .00 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST	542 28 0 0 82 31 50 4 25 0 0 34 0 62 12 0 1 1	OR DAYS OF CAM 24,459 58 0 0 18,033 293 17,719 21 62 0 122 0 158 120 0 2 2 0 0	RE	100,424.59 13,933.25 .00 .00 43,462.98 5,699.92 35,782.18 1,980.88 1,070.50 .00 .00 13,994.62 .00 1,732.87 1,602.77 .00 7.72 7.72 .00 .00	PEF	R UNIT/DAY 4.11 240.23 .00 .00 2.41 19.45 2.02 94.33 17.27 .00 .00 114.71 .00 10.97 13.36 .00 3.86 3.86 .00 .00	UNITS/DAY PER ELIG 10.958 .026 .000 .000 8.079 .131 7.939 .009 .028 .000 .000 .055 .000 .071 .054 .000 .001 .001 .001 .000	ZS	COST PER USER 185.29 497.62 .00 .00 530.04 183.87 715.64 495.22 42.82 .00 .00 411.61 .00 27.95 133.56 .00 7.72 7.72 .00 .00	C E	44.99 6.24 .00 .00 19.47 2.55 16.03 .89 .48 .00 .00 6.27 .00 .78 .72 .00 .00 .00 .00 .00 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	542 28 0 0 82 31 50 4 25 0 0 34 0 62 12 0 1 1 0 0	OR DAYS OF CAM 24,459 58 0 0 18,033 293 17,719 21 62 0 122 0 158 120 0 2 2 0 0 18	RE	100,424.59 13,933.25 .00 .00 43,462.98 5,699.92 35,782.18 1,980.88 1,070.50 .00 .00 13,994.62 .00 1,732.87 1,602.77 .00 7.72 7.72 .00 .00 1,737.53	PEF	R UNIT/DAY 4.11 240.23 .00 .00 2.41 19.45 2.02 94.33 17.27 .00 .00 114.71 .00 10.97 13.36 .00 3.86 3.86 .00 .00 96.53	UNITS/DAY PER ELIG 10.958 .026 .000 .000 8.079 .131 7.939 .009 .028 .000 .000 .055 .000 .071 .054 .000 .001 .001 .001 .000 .000 .000	ZS	COST PER USER 185.29 497.62 .00 .00 530.04 183.87 715.64 495.22 42.82 .00 .00 411.61 .00 27.95 133.56 .00 7.72 7.72 .00 .00 289.59	C E	44.99 6.24 .00 .00 19.47 2.55 16.03 .89 .48 .00 .00 6.27 .00 .78 .72 .00 .00 .00 .00 .00 .78
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	542 28 0 0 82 31 50 4 25 0 0 34 0 62 12 0 1 1 0 0	OR DAYS OF CAM 24,459 58 0 0 18,033 293 17,719 21 62 0 122 0 158 120 0 2 2 0 0 18 51	RE	100,424.59 13,933.25 .00 .00 43,462.98 5,699.92 35,782.18 1,980.88 1,070.50 .00 13,994.62 .00 1,732.87 1,602.77 .00 7.72 7.72 .00 .00 1,737.53 6,221.17	PEF	R UNIT/DAY 4.11 240.23 .00 .00 2.41 19.45 2.02 94.33 17.27 .00 .00 114.71 .00 10.97 13.36 .00 3.86 3.86 .00 .00 96.53 121.98	UNITS/DAY PER ELIG 10.958 .026 .000 .000 8.079 .131 7.939 .009 .028 .000 .000 .055 .000 .071 .054 .000 .001 .001 .001 .000 .000 .008	ZS	COST PER USER 185.29 497.62 .00 .00 530.04 183.87 715.64 495.22 42.82 .00 .00 411.61 .00 27.95 133.56 .00 7.72 7.72 .00 .00 289.59 2073.72	C E	ELIGIBLE 44.99 6.24 .00 .00 19.47 2.55 16.03 .89 .48 .00 .00 6.27 .00 .78 .72 .00 .00 .00 .00 .00 .78 .72
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	542 28 0 0 82 31 50 4 25 0 0 34 0 62 12 0 1 1 0 0	OR DAYS OF CAM 24,459 58 0 0 18,033 293 17,719 21 62 0 122 0 158 120 0 2 2 0 0 18	RE	100,424.59 13,933.25 .00 .00 43,462.98 5,699.92 35,782.18 1,980.88 1,070.50 .00 .00 13,994.62 .00 1,732.87 1,602.77 .00 7.72 7.72 .00 .00 1,737.53	PEF	R UNIT/DAY 4.11 240.23 .00 .00 2.41 19.45 2.02 94.33 17.27 .00 .00 114.71 .00 10.97 13.36 .00 3.86 3.86 .00 .00 96.53	UNITS/DAY PER ELIG 10.958 .026 .000 .000 8.079 .131 7.939 .009 .028 .000 .000 .055 .000 .071 .054 .000 .001 .001 .001 .000 .000 .000	ZS	COST PER USER 185.29 497.62 .00 .00 530.04 183.87 715.64 495.22 42.82 .00 .00 411.61 .00 27.95 133.56 .00 7.72 7.72 .00 .00 289.59	C E	44.99 6.24 .00 .00 19.47 2.55 16.03 .89 .48 .00 .00 6.27 .00 .78 .72 .00 .00 .00 .00 .00 .78

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LOCAL EDUCATION AGENCIES

RESPIRATORY CARE PRACT.

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

ALL OTHER PROVIDERS	369	5 <b>,</b> 835	16,661.18	2.86	2.614	45.15	7.46
@CALIF. CHILDREN SERVICES*	1	5	\$ 398.77	\$ 79.75	.002 \$	398.77 \$	.18
@XOVER EXCLUDING STATE HOSP**	808	9,731	\$ 146,592.23	\$ 15.06	4.360 \$	181.43 \$	65.68

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,189
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

					M	ONTHL	Y AVERA	.GE	
5,225 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAY	s co	ST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	4,673	196,451	\$ 3,186,392.95	\$ 16.22	37.598		681.87		609.84
@PHYSICIANS SERVICES	935	3 <b>,</b> 987	\$ 113,395.97	\$ 28.44	.763	\$	121.28	\$	21.70
OUTPATIENT VISITS	110	157	6,535.44	41.63	.030		59.41		1.25
OFFICE VISITS	70	100	2,958.28	29.58	.019		42.26		.57
HOME VISITS	0	0	.00	.00	.000		.00		.00
EMERGENCY ROOM	43	54	3,513.48	65.06	.010		81.71		.67
PREVENTIVE CARE	0	0	.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00		.00
OTHER OUTPATIENT	3	3	63.68	21.23	.001		21.23		.01
INPATIENT VISITS	14	47	1,680.59	35.76	.009		120.04		.32
HOSPITAL VISITS	14	47	1,680.59	35.76	.009		120.04		.32
CRITICAL CARE	0	0	.00	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	5	7	247.47	35.35	.001		49.49		.05
EXAMINATIONS	5	7	247.47	35.35	.001		49.49		.05
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	9	105	4,041.33	38.49	.020		449.04		.77
PRINCIPAL SURGEON	6	12	2,617.65	218.14	.002		436.28		.50
ASSISTANT SURGEON	1	1	223.38	223.38	.000		223.38		.04
ANESTHESIOLOGIST	4	92	1,200.30	13.05	.018		300.08		.23
OUTPATIENT SURGERY	31	90	8,309.96	92.33	.017		268.06		1.59
PRINCIPAL SURGEON	25	38	7,298.43	192.06	.007		291.94		1.40
ASSISTANT SURGEON	0	0	.00	.00	.000		.00		.00
ANESTHESIOLOGIST	8	52	1,011.53	19.45	.010		126.44		.19
DIALYSIS	0	0	.00	.00	.000		.00		.00
PATHOLOGY	27	62	1,202.34	19.39	.012		44.53		.23
RADIOLOGY	76	191	6 <b>,</b> 970.18	36.49	.037		91.71		1.33
PSYCHIATRY	0	0	.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	12	369	31,934.00	86.54	.071	2	661.17		6.11
OTHER SERVICES/ALL X-OVERS	790	2,959	52 <b>,</b> 474.66	17.73	.566		66.42		10.04
@PHARMACY	3 <b>,</b> 999	136,509	\$ 1,786,003.69	\$ 13.08	26.126		446.61	\$	341.82
PRESCRIPTION DRUGS	3,891	21,683	1,694,078.47	78.13	4.150		435.38		324.23
SNF/ICF	57	286	13,889.93	48.57	.055		243.68		2.66
OUTPATIENTS	3,836	21 <b>,</b> 397	1,680,188.54	78.52	4.095		438.01		321.57
MEDICAL SUPPLIES	823	114 <b>,</b> 826	91,925.22	.80	21.976		111.70		17.59
@DENTIST	68	252	\$ 11,947.25	\$ 47.41	.048	\$	175.69	\$	2.29
VISITS - DIAGNOSTIC	50	146	2,185.00	14.97	.028		43.70		.42
ORAL SURGERY	12	66	3,562.25	53.97	.013		296.85		.68
DRUGS	0	0	.00	.00	.000		.00		.00
ANESTHESIA	1	1	100.00	100.00	.000		100.00		.02
PERIODONTICS	1	1	118.00	118.00	.000		118.00		.02
ENDODONTICS	6	6	1,536.00	256.00	.001		256.00		.29
RESTORATIVE DENTISTRY	7	12	986.00	82.17	.002		140.86		.19
PROSTHETICS	0	0	.00	.00	.000		.00		.00

DENTURES, STAYPLATES	10	20	3,460.00	173.00	.004	346.00	.66
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN 2	004 THRU DEC	2004	PAGE 5,190
MOP024	FEE-FOR-SERVICE/DENTA	AL					03/14/05
LAKE COUNTY	SUMMARY OF SERVICES 1	FOR IN HOME SUP	PORT - TOTAL				
					MONT	HLY AVERAG	E

							M	CNO	THLY AVERA	.GE	
5,225 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	₹.		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	113	295	\$	5,860.98	\$	19.87	.056	\$	51.87	\$	1.12
DIAGNOSTIC AND ANC. PROCED	16	16		754.82		47.18	.003		47.18		.14
EYE APPLIANCES	101	262		4,747.86		18.12	.050		47.01		.91
OTHER OPTOMETRIC SERVICES	11	17		358.30		21.08	.003		32.57		.07
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	24	194	\$	2,272.62	\$	11.71	.037	\$	94.69	\$	.43
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	24	194		2,272.62		11.71	.037		94.69		.43
@HOME HEALTH AGENCY	16	100	\$	7,067.89	\$	70.68	.019	\$	441.74	\$	1.35
NURSE ANESTHESIST	3	49	\$	184.45	\$	3.76	.009	\$	61.48	\$	.04
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1,013	6 <b>,</b> 793	\$	508,804.01	\$	74.90	1.300	\$	502.27	\$	97.38
HOSP INPATIENT TOTAL	139	108		394,297.99		3650.91	.021		2836.68		75.46
HSC HOSPITALS	1	34		29,105.44		856.04	.007		29105.44		5.57

NON-HSC HOSPITAL TOTAL	16	74		262,159.60	3542.70	.014	16384.98		50.17
ACCOMMODATIONS	15	74		81,319.48	1098.91	.014	5421.30		15.56
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	15	74		81,319.48	1098.91	.014	5421.30		15.56
ANCILLARIES	16	0		180,840.12	.00	.000	11302.51		34.61
INPATIENT CROSSOVERS	122	0		103,032.95	.00	.000	844.53		19.72
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	964	6,685		114,506.02	17.13	1.279	118.78		21.92
MEDICAL	44	86		3,206.57	37.29	.016	72.88		.61
SURGERY	12	13		726.38	55.88	.002	60.53		.14
PATHOLOGY	81	328		3,933.47	11.99	.063	48.56		.75
RADIOLOGY	55	95		8,447.56	88.92	.018	153.59		1.62
ROOM USE	66	92		4,371.78	47.52	.018	66.24		.84
CROSSOVERS/ALL OTH OUTPTNT	871	6,071		93,820.26	15.45	1.162	107.72		17.96
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT		0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES MONT	H-OF-PAYMENT RE	PORT FOR JAN	2004 THRU	DEC 2004	PAGI	
MOP024	FEE-FOR-SERVICE/DENTAL							(	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FO	OR IN HOME	E SUPPOR	T - TOTAL					

----- MONTHLY AVERAGE -----5,225 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,013 74.90 1.300 \$ 502.27 \$ @COMMUNITY HOSPITAL TOTAL 6,793 508,804.01 97.38 139 108 COMM HOSP INPATIENT TOTAL 394,297.99 3650.91 .021 2836.68 75.46 29105.44 HSC HOSPITALS 1 34 29,105.44 856.04 .007 5.57 NON-HSC HOSPITALS TOTAL 16 74 262,159.60 3542.70 .014 16384.98 50.17 1098.91 5421.30 15.56 ACCOMMODATIONS 81,319.48 .014 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE Ω Ω .00 .00 .000 .00 .00 ALL OTHER ACCOM 15 74 81,319.48 1098.91 .014 5421.30 15.56 16 180,840.12 11302.51 ANCILLARIES 0 .00 .000 34.61 INPATIENT CROSSOVERS 122 Ω 103,032.95 .00 .000 844.53 19.72 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL 964 6,685 114,506.02 17.13 1.279 118.78 21.92 MEDICAL 44 86 3,206.57 37.29 .016 72.88 .61 12 13 SURGERY 726.38 55.88 .002 60.53 .14 81 328 3,933.47 11.99 .75 PATHOLOGY .063 48.56 55 95 88.92 153.59 RADIOLOGY 8,447.56 .018 1.62 ROOM USE 4,371.78 47.52 .018 66.24 .84

CROSSOVERS/ALL OTH OUTPTNT	871	6,071		93,820.26		15.45	1.162		107.72		17.96
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	84	1,541	\$	206,003.78	\$	133.68	.295	\$	2452.43	\$	39.43
LEV A-INTERMEDIATE	0	0	•	.00		.00	.000		.00		.00
LEV B-REHAB MD	2	62		7,769.84		125.32	.012		3884.92		1.49
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	82	1,479		198,233.94		134.03	.283		2417.49		37.94
@INTERMEDIATE CARE FACILDD	0	. 0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	•	.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	80	365	\$	78,818.67	\$	215.94	.070	\$	985.23	\$	15.08
HOSPITAL BASED	Ō	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	80	365		78,818.67		215.94	.070		985.23		15.08
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	17	94	\$	919.89	\$	9.79	.018	\$	54.11	\$	.18
PATHOLOGY	15	86		864.69		10.05	.016		57.65		.17
XO AND OTHERS	2	8		55.20		6.90	.002		27.60		.01
@ORGANIZED OUTPATIENT CLINIC	1,368	2,342	\$	160,759.00	\$	68.64	.448	\$	117.51	\$	30.77
CLINIC	2	4		92.86		23.22	.001		46.43		.02
SURGICENTER	9	13		2,114.54		162.66	.002		234.95		.40
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,359	2,325		158,551.60		68.19	.445		116.67		30.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES N	MONTH-OF-PAYMENT R	EPOR!	r for jan	2004 THRU	DEC	2004	PA	AGE 5,192
MOP024	FEE-FOR-SERVICE	I/DENTAL									03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	E SUE	PPORT - TOTAL							
									HLY AVERA	_	
5,225 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES			UNITS/DAY		COST PER	(	COST PER
		OR DAYS OF CAR	E		PEI	- ,	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,336	43,930	\$	304,354.75	\$	6.93	8.408	\$	227.81	\$	58.25
DURABLE MED. EQUIP.	47	134		22,795.25		170.11	.026		485.01		4.36
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	175	26,992		70,160.52		2.60	5.166		400.92		13.43
AMBULANCES/AIR TRANS	46	379		7,306.05		19.28	.073		158.83		1.40
OTHER TRAME	112	26 112		60 001 04		2 27	5 061		521 70		11 50

5,225 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,336	43,930	\$ 304,354.75	\$ 6.93	8.408	\$ 227.81	\$ 58.25
DURABLE MED. EQUIP.	47	134	22,795.25	170.11	.026	485.01	4.36
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	175	26 <b>,</b> 992	70,160.52	2.60	5.166	400.92	13.43
AMBULANCES/AIR TRANS	46	379	7,306.05	19.28	.073	158.83	1.40
OTHER TRANS	113	26,443	60,091.94	2.27	5.061	531.79	11.50
OTHER SERVICES	24	170	2,762.53	16.25	.033	115.11	.53
ACUPUNCTURE	43	94	1,621.97	17.26	.018	37.72	.31
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	380	1 <b>,</b> 655	151 <b>,</b> 380.76	91.47	.317	398.37	28.97
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	117	300	3,304.02	11.01	.057	28.24	.63
PHYSICAL THERAPIST	12	120	1,602.77	13.36	.023	133.56	.31
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	6	65.19	10.87	.001	32.60	.01
PROSTHETICS	2	6	65.19	10.87	.001	32.60	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	31	67	5,976.82	89.21	.013	192.80	1.14

HOSPICE SERVICES	4	80	9,516.15	118.95	.015	23	79.04	1.82
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	754	14,482	37 <b>,</b> 931.30	2.62	2.772	!	50.31	7.26
@CALIF. CHILDREN SERVICES*	1	5	\$ 398.77	\$ 79.75	.001	\$ 3	98.77	\$ .08
@XOVER EXCLUDING STATE HOSP**	1,967	20,419	\$ 390,463.01	\$ 19.12	3.908	\$ 1	98.51	\$ 74.73

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,193
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

LAKE COUNTY	SUMMARY OF SER	VICES FOR PUBLIC ASSI	STANCE - AGED				
					MON		GE
10,596 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	9,249	300,112 \$	5,279,814.98	\$ 17.59	28.323 \$		\$ 498.28
@PHYSICIANS SERVICES	1,725	7,091 \$	103,368.92	\$ 14.58	.669 \$	59.92	\$ 9.76
OUTPATIENT VISITS	28	40	2,045.45	51.14	.004	73.05	.19
OFFICE VISITS	21	24	641.78	26.74	.002	30.56	.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	16	1,403.67	87.73	.002	155.96	.13
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	16	113	6,283.05	55.60	.011	392.69	.59
HOSPITAL VISITS	15	88	3,493.85	39.70	.008	232.92	.33
CRITICAL CARE	7	25	2,789.20	111.57	.002	398.46	.26
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	4	102.95	25.74	.000	34.32	.01
EXAMINATIONS	3	4	102.95	25.74	.000	34.32	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	16	1,581.53	98.85	.002	263.59	.15
PRINCIPAL SURGEON	5	7	1,500.16	214.31	.001	300.03	.14
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	9	81.37	9.04	.001	40.69	.01
OUTPATIENT SURGERY	5	15	431.37	28.76	.001	86.27	.04
PRINCIPAL SURGEON	4	5	312.00	62.40	.000	78.00	.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	10	119.37	11.94	.001	119.37	.01
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	11	162.49	14.77	.001	18.05	.02
RADIOLOGY	19	44	1,036.74	23.56	.004	54.57	.10
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1,683	6,848	91,725.34	13.39	.646	54.50	8.66
@PHARMACY	7,835	215,412 \$	2,624,353.21		20.330 \$		
PRESCRIPTION DRUGS	7,653	36 <b>,</b> 788	2,489,291.91	67.67	3.472	325.27	234.93
SNF/ICF	184	1,162	59,440.44	51.15	.110	323.05	5.61
OUTPATIENTS	7,482	35,626	2,429,851.47	68.20	3.362	324.76	229.32
MEDICAL SUPPLIES	1,258	178 <b>,</b> 624	135,061.30	.76	16.858	107.36	12.75
@DENTIST	120	389 \$	23,983.80		.037 \$		•
VISITS - DIAGNOSTIC	80	221	3,059.55	13.84	.021	38.24	.29
ORAL SURGERY	17	84	4,300.25	51.19	.008	252.96	.41

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	2	2		200.00		100.00	.000		100.00		.02
PERIODONTICS	1	1		118.00		118.00	.000		118.00		.01
ENDODONTICS	3	3		920.00		306.67	.000		306.67		.09
RESTORATIVE DENTISTRY	13	20		1,266.00		63.30	.002		97.38		.12
PROSTHETICS	2	2		60.00		30.00	.000		30.00		.01
DENTURES, STAYPLATES	29	56		14,060.00		251.07	.005		484.83		1.33
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES M	ONTH-OF-PAYMENT	REPOR	T FOR JAN	2004 THRU	DEC	2004	P	AGE 5,194
MOP024	FEE-FOR-SERVICE										03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	C ASSI	STANCE - AGED							
									HLY AVERA		
10,596 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	238	620	\$	10,482.14	\$	16.91	.059	\$	44.04	\$	.99
DIAGNOSTIC AND ANC. PROCED	5	5		229.24		45.85	.000		45.85		.02
EYE APPLIANCES	208	554		9,111.21		16.45	.052		43.80		.86
OTHER OPTOMETRIC SERVICES	33	61		1,141.69		18.72	.006		34.60		.11
@CHIROPRACTOR	8	9	\$	139.33		15.48	.001	Ş	17.42	Ş	.01
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	8	9	_	139.33	_	15.48	.001	_	17.42	_	.01
@PODIATRIST	37	51	\$	451.92	\$	8.86		\$	12.21	Ş	.04
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	37	51	<b>^</b>	451.92	<u> </u>	8.86	.005	<u>^</u>	12.21	<u> </u>	.04
@HOME HEALTH AGENCY	8 1	39	\$	2,756.87	\$	70.69	.004	\$		\$	.26
NURSE ANESTHESIST	0	18	\$ ¢	53.71	\$	2.98	.002	\$	53.71	\$	.01
NURSE MIDWIFE		0	Ş C	.00	\$	.00	.000	\$ \$	.00	\$ \$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	ې د	.00	ې د	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	1,896	12,631	ې د	.00 1,062,354.46	\$ \$	.00 84.11	.000 1.192	\$ \$	.00 560.31	\$	.00 100.26
HOSP INPATIENT TOTAL	237	225	Ą	874,997.72	Ş	3888.88	.021	Ą	3691.97	\$	82.58
HSC HOSPITALS	1	223		1,697.55		848.78	.000		1697.55		.16
NON-HSC HOSPITAL TOTAL	21	223		697,385.34		3127.29	.021		33208.83		65.82
ACCOMMODATIONS	21	223		216,130.98		969.20	.021		10291.95		20.40
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	21	223		216,130.98		969.20	.021		10291.95		20.40
ANCILLARIES	21	0		481,254.36		.00	.000		22916.87		45.42
INPATIENT CROSSOVERS	215	0		175,914.83		.00	.000		818.21		16.60
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,818	12,406		187,356.74		15.10	1.171		103.06		17.68
MEDICAL	9	23		1,605.12		69.79	.002		178.35		.15
SURGERY	1	1		23.73		23.73	.000		23.73		.00
PATHOLOGY	17	87		973.16		11.19	.008		57.24		.09
RADIOLOGY	15	18		1,676.32		93.13	.002		111.75		.16
ROOM USE	10	16		574.36		35.90	.002		57.44		.05
CROSSOVERS/ALL OTH OUTPTNT	1,804	12,261		182,504.05		14.88	1.157		101.17		17.22
@COUNTY HOSPITAL TOTAL	4	23	\$	1,833.29	\$	79.71		\$	458.32	\$	.17
CO HOSPITAL INPATIENT TOTAL	2	0		1,729.28		.00	.000		864.64		.16
HSC HOSPITALS	0	0		1,723.20		00	000		001.01		00

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HSC HOSPITALS

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NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0	1,729.28	.00	.000	864.64	.16
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	23	104.01	4.52	.002	34.67	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	3	23	104.01	4.52	.002	34.67	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU 1	DEC 2004	PAGE 5,195
MOP024	FEE-FOR-SERVICE/	DENTAL					03/14/05
LAKE COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC ASS	ISTANCE - AGED				
					Mo	ONTHLY AVERA	GE
10,596 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAY:	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,892	12,608 \$	1,060,521.17	\$ 84.11	1.190	\$ 560.53	\$ 100.09
COMM HOSP INPATIENT TOTAL	235	225	873,268.44	3881.19	.021	3716.04	82.41
HSC HOSPITALS	1	2	1,697.55	848.78	.000	1697.55	.16
NON-HSC HOSPITALS TOTAL	21	223	697,385.34	3127.29	.021	33208.83	65.82
ACCOMMODATIONS	21	223	216,130.98	969.20	.021	10291.95	20.40
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	223	216,130.98	969.20	.021	10291.95	20.40
ANCILLARIES	21	0	481,254.36	.00	.000	22916.87	45.42
INPATIENT CROSSOVERS	213	0	174,185.55	.00	.000	817.77	16.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	1,815	12,383		187,252.73		15.12	1.169		103.17		17.67
MEDICAL	9	23		1,605.12		69.79	.002		178.35		.15
SURGERY	1	1		23.73		23.73	.000		23.73		.00
PATHOLOGY	17	87		973.16		11.19	.008		57.24		.09
RADIOLOGY	15	18		1,676.32		93.13	.002		111.75		.16
ROOM USE	10	16		574.36		35.90	.002		57.44		.05
CROSSOVERS/ALL OTH OUTPINT	1,801	12,238		182,400.04		14.90	1.155		101.28		17.21
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	219	4,451	\$	620,949.34	\$	139.51	.420	\$	2835.39	\$	58.60
LEV A-INTERMEDIATE	0	. 0		.00		.00	.000		.00		.00
LEV B-REHAB MD	2	62		7,769.84		125.32	.006		3884.92		.73
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	217	4,389		613,179.50		139.71	.414		2825.71		57.87
@INTERMEDIATE CARE FACILDD	0	. 0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	73	115	\$	59,363.66	\$	516.21	.011	\$	813.20	\$	5.60
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	73	115		59,363.66		516.21	.011		813.20		5.60
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	10	\$	79.56	\$	7.96	.001	\$	11.37	\$	.01
PATHOLOGY	6	9		75.02		8.34	.001		12.50		.01
XO AND OTHERS	1	1		4.54		4.54	.000		4.54		.00
@ORGANIZED OUTPATIENT CLINIC	2,345	3,781	\$	217,914.77	\$	57.63	.357	\$	92.93	\$	20.57
CLINIC	2	4		92.86		23.22	.000		46.43		.01
SURGICENTER	26	31		5,485.34		176.95	.003		210.97		.52
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,326	3,746		212,336.57		56.68	.354		91.29		20.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	IRES	MONTH-OF-PAYMENT RE	EPOR1	FOR JAN	2004 THRU	DEC	2004	PP	GE 5,196
MOP024	FEE-FOR-SERVICE/DENT	'AL									03/14/05
LAKE COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASS	SISTANCE - AGED							
							M	ONT	HLY AVERA	GE -	
							,				

					14014	TIITI AVEKA	GE
10,596 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,171	55 <b>,</b> 495 \$	553 <b>,</b> 563.29	\$ 9.98	5.237 \$	254.98	\$ 52.24
DURABLE MED. EQUIP.	78	243	54,151.28	222.84	.023	694.25	5.11
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	1,279.54	639.77	.000	639.77	.12
MEDICAL TRANSPORTATION	185	26,280	71,349.89	2.71	2.480	385.68	6.73
AMBULANCES/AIR TRANS	35	595	7,186.05	12.08	.056	205.32	.68
OTHER TRANS	123	25,348	58,853.93	2.32	2.392	478.49	5.55
OTHER SERVICES	46	337	5,309.91	15.76	.032	115.43	.50
ACUPUNCTURE	84	192	3,298.01	17.18	.018	39.26	.31
ADULT DAY HEALTH CARE CTR	6	132	8,674.18	65.71	.012	1445.70	.82
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	794	3,708	317,407.20	85.60	.350	399.76	29.96
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	247	613	7,003.74	11.43	.058	28.36	.66
PHYSICAL THERAPIST	1	61	164.40	2.70	.006	164.40	.02

PORTABLE X-RAY	1	2	1.40	.70	.000	1	.40	.00
PROSTHETIST/ORTHOTISTS	2	6	67.86	11.31	.001	33	.93	.01
PROSTHETICS	2	6	67.86	11.31	.001	33	.93	.01
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	111	220	20,382.77	92.65	.021	183	.63	1.92
HOSPICE SERVICES	9	185	18,266.98	98.74	.017	2029	.66	1.72
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	1,036	23,851	51,516.04	2.16	2.251	49	.73	4.86
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	3,822	38,581	\$ 682,475.83	\$ 17.69	3.641	\$ 178	.57	\$ 64.41

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,197 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

	MONTHLY AV						
912 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	818	42,712 \$	530,875.11	\$ 12.43	46.833 \$	648.99	•
@PHYSICIANS SERVICES	191	502 \$	21,083.12	\$ 42.00	.550 \$	110.38	\$ 23.12
OUTPATIENT VISITS	69	97	4,143.31	42.71	.106	60.05	4.54
OFFICE VISITS	47	67	2,070.17	30.90	.073	44.05	2.27
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	24	28	2,013.89	71.92	.031	83.91	2.21
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	59.25	29.63	.002	29.63	.06
INPATIENT VISITS	9	54	2,470.70	45.75	.059	274.52	2.71
HOSPITAL VISITS	9	54	2,470.70	45.75	.059	274.52	2.71
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	16	21	777.14	37.01	.023	48.57	.85
EXAMINATIONS	16	21	777.14	37.01	.023	48.57	.85
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	12	1,544.92	128.74	.013	514.97	1.69
PRINCIPAL SURGEON	3	5	1,231.18	246.24	.005	410.39	1.35
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	313.74	44.82	.008	313.74	.34
OUTPATIENT SURGERY	14	37	5,020.52	135.69	.041	358.61	5.50
PRINCIPAL SURGEON	14	21	4,671.54	222.45	.023	333.68	5.12
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	16	348.98	21.81	.018	174.49	.38
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	11	17	392.46	23.09	.019	35.68	.43
RADIOLOGY	34	57	1,650.96	28.96	.063	48.56	1.81
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	102	207	5,083.11	24.56	.227	49.83	5.57
@PHARMACY	695	29 <b>,</b> 879 \$	278,829.59	\$ 9.33	32.762 \$	401.19	\$ 305.73
PRESCRIPTION DRUGS	672	3,249	250,807.74	77.20	3.563	373.23	275.01

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	672	3,249	250,807.74	77.20	3.563	373.23	275.01
MEDICAL SUPPLIES	205	26,630	28,021.85	1.05	29.200	136.69	30.73
@DENTIST	8	20 \$	1,260.00	\$ 63.00	.022	\$ 157.50	\$ 1.38
VISITS - DIAGNOSTIC	7	18	360.00	20.00	.020	51.43	.39
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.002	900.00	.99
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND H	EXPENDITURES	S MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU	DEC 2004	PAGE 5,198
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

LAKE COONII	SUMMARI OF SER	VICES FOR FUBLIC	ASSIS	STANCE - BLIND			M	חותר	THLY AVERA	CE	
912 ELIGIBLES	USERS	UNITS OF SERVICE	F	EXPENDITURES	Z\ 7.7	ERAGE COST			COST PER	.GE	COST PER
712 EH1G1DHE5	ODENS	OR DAYS OF CAR		EXIENDITORES		R UNIT/DAY		J	USER		ELIGIBLE
@OPTOMETRIST	23	62	\$	1,784.10	Ś	28.78	.068	Ś	77.57	Ś	
DIAGNOSTIC AND ANC. PROCED	6	7	7	252.97	т.	36.14	.008	7	42.16	-	.28
EYE APPLIANCES	15	43		1,217.61		28.32	.047		81.17		1.34
OTHER OPTOMETRIC SERVICES	6	12		313.52		26.13	.013		52.25		.34
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	160	1,130	\$		\$		1.239	\$	676.13	\$	
HOSP INPATIENT TOTAL	14	51		84,364.30		1654.20	.056		6026.02		92.50
HSC HOSPITALS	3	24		31,962.00		1331.75	.026		10654.00		35.05
NON-HSC HOSPITAL TOTAL	6	27		47,182.30		1747.49	.030		7863.72		51.73
ACCOMMODATIONS	6	27		16,341.96		605.26	.030		2723.66		17.92
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	27		16,341.96		605.26	.030		2723.66		17.92
ANCILLARIES	6	0		30,840.34		.00	.000		5140.06		33.82
INPATIENT CROSSOVERS	6	0		5,220.00		.00	.000		870.00		5.72
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	155	1,079		23,817.25		22.07	1.183		153.66		26.12
MEDICAL	19	29		3,174.88		109.48	.032		167.10		3.48
SURGERY	6	6		854.36		142.39	.007		142.39		.94
PATHOLOGY	46	206		2,685.18		13.03	.226		58.37		2.94

RADIOLOGY	28	37		3 <b>,</b> 272.22		88.44	.041		116.87		3.59
ROOM USE	34	44		2,186.08		49.68	.048		64.30		2.40
CROSSOVERS/ALL OTH OUTPINT	100	757	1	1,644.53		15.38	.830		116.45	1	2.77
@COUNTY HOSPITAL TOTAL	0	0 \$	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-	PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC 2	2004	PAGE	5,199
MOP024	FEE-FOR-SERVICE/DENTAL									03	/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	PUBLIC AS	SSISTANCE -	BLIND							

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----- MONTHLY AVERAGE -----USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 912 ELIGIBLES UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 108,181.55 \$ 95.74 1.239 \$ 676.13 \$ 118.62 @COMMUNITY HOSPITAL TOTAL 160 1,130 \$ 14 1654.20 COMM HOSP INPATIENT TOTAL 51 84,364.30 .056 6026.02 92.50 31,962.00 1331.75 10654.00 HSC HOSPITALS 24 .026 35.05 27 47,182.30 1747.49 7863.72 NON-HSC HOSPITALS TOTAL .030 51.73 605.26 2723.66 ACCOMMODATIONS 27 16,341.96 .030 17.92 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 0 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 27 605.26 16,341.96 .030 ALL OTHER ACCOM 2723.66 17.92 ANCILLARIES 0 30,840.34 .00 .000 5140.06 33.82 0 .00 INPATIENT CROSSOVERS 5,220.00 .000 870.00 5.72 0 0 .00 .00 ALL OTHER INPATIENT .00 .000 .00 22.07 COMM HOSP OUTPATIENT TOTAL 155 1,079 23,817.25 1.183 153.66 26.12 MEDICAL 19 29 3,174.88 109.48 .032 167.10 3.48 142.39 6 854.36 .007 142.39 .94 SURGERY 2,685.18 13.03 PATHOLOGY 46 206 .226 58.37 2.94 37 RADIOLOGY 3,272.22 88.44 .041 116.87 3.59 64.30 ROOM USE 44 2,186.08 49.68 .048 100 757 CROSSOVERS/ALL OTH OUTPINT 11,644.53 15.38 .830 116.45 12.77 .00 .00 \$ @STATE HOSPITAL Ω 0 .00 \$ .000 \$ . 00 MENTALLY ILL 0 .00 .00 .000 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 0 434.10 .00 434.10 \$ @NURSING FACILITY .000 \$ .48 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD .00 .000 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00 .00 .00 .000 .00 LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 0 434.10 .00 LEV B-REGULAR .000 434.10 .48 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$ .00 \$

		2		0.0		0.0	0.00		0.0		0.0
ICF DDH	U	0		.00		.00	.000		.00		.00
ICF DD	U	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	_	.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	16	22	\$	9,498.32	\$	431.74	.024	\$	593.65	Ş	10.41
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	16	22		9,498.32		431.74	.024		593.65		10.41
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	9	\$	86.77	\$	9.64	.010	\$	43.39	\$	.10
PATHOLOGY	2	9		86.77		9.64	.010		43.39		.10
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	256	395	\$	32,375.67	\$	81.96	.433	\$	126.47	\$	35.50
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	3		804.69		268.23	.003		402.35		.88
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	254	392		31,570.98		80.54	.430		124.30		34.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES 1	MONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2004 THRU I	DEC	2004	Ρ	AGE 5,200
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS	ISTANCE - BLIND							
							MO	TNC	HLY AVERA	GE	
912 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	216	10,693	\$	77,341.89	\$	7.23	11.725	\$	358.06	\$	84.80
DURABLE MED. EQUIP.	13	44		14,644.22		332.82	.048		1126.48		16.06
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	35	8,569		22,020.56		2.57	9.396		629.16		24.15
AMBULANCES/AIR TRANS	20	316		4,221.31		13.36	.346		211.07		4.63
OTHER TRANS	15	8,250		15,952.43		1.93	9.046		1063.50		17.49
OTHER SERVICES	2	3		1,846.82		615.61	.003		923.41		2.03
ACUPUNCTURE	21	54		919.12		17.02	.059		43.77		1.01
	21	9 1		223.12			.003		10. , ,		

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	57	287	21,535.57	75.04	.315	377.82	23.61
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	16	53	659.06	12.44	.058	41.19	.72
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	15	1,924.90	128.33	.016	481.23	2.11
PROSTHETICS	4	15	1,924.90	128.33	.016	481.23	2.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	18	545.83	30.32	.020	68.23	.60
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	33	1,467	11,716.57	7.99	1.609	355.05	12.85
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	64	186	3,376.06	18.15	.204	52.75	3.70
@CALIF. CHILDREN SERVICES*	23	74	\$ 24,740.86	\$ 334.34	.081	\$ 1075.69	\$ 27.13
@XOVER EXCLUDING STATE HOSP**	213	4,736	\$ 36,371.95	\$ 7.68	5.193	\$ 170.76	\$ 39.88

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,201 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					MON	ITHLY AVERA	GE
44,303 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	38,283	921,372 \$	32,351,391.89	\$ 35.11	20.797	845.06	\$ 730.23
@PHYSICIANS SERVICES	10,284	36 <b>,</b> 007 \$	1,399,014.78	\$ 38.85	.813	136.04	\$ 31.58
OUTPATIENT VISITS	4,496	6,603	309,203.84	46.83	.149	68.77	6.98
OFFICE VISITS	2,270	3,051	101,325.92	33.21	.069	44.64	2.29
HOME VISITS	4	6	385.90	64.32	.000	96.48	.01
EMERGENCY ROOM	2,353	3,099	198,884.68	64.18	.070	84.52	4.49
PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.00
OB VISITS/COMPRE PERI	29	282	3,356.20	11.90	.006	115.73	.08
OTHER OUTPATIENT	140	164	5,216.45	31.81	.004	37.26	.12
INPATIENT VISITS	555	2,410	121,753.36	50.52	.054	219.38	2.75
HOSPITAL VISITS	458	2 <b>,</b> 059	91 <b>,</b> 696.92	44.53	.046	200.21	2.07
CRITICAL CARE	68	206	25 <b>,</b> 311.78	122.87	.005	372.23	.57
SNF/ICF/TRANS IP CARE	100	145	4,744.66	32.72	.003	47.45	.11
OPHTHALMOLOGICAL SERVICES	211	235	9,169.32	39.02	.005	43.46	.21
EXAMINATIONS	211	234	9,134.03	39.03	.005	43.29	.21
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	350	2,541	176,434.40	69.44	.057	504.10	3.98
PRINCIPAL SURGEON	236	363	135,187.45	372.42	.008	572.83	3.05
ASSISTANT SURGEON	28	28	5,785.11	206.61	.001	206.61	.13
ANESTHESIOLOGIST	146	2,150	35 <b>,</b> 461.84	16.49	.049	242.89	.80
OUTPATIENT SURGERY	928	2,711	205,663.36	75.86	.061	221.62	4.64
PRINCIPAL SURGEON	784	1,103	174,678.93	158.37	.025	222.80	3.94
ASSISTANT SURGEON	4	4	499.56	124.89	.000	124.89	.01
ANESTHESIOLOGIST	189	1,604	30,484.87	19.01	.036	161.30	.69
DIALYSIS	40	241	20,770.70	86.19	.005	519.27	.47
PATHOLOGY	728	1,692	32,337.12	19.11	.038	44.42	.73

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	3 100	C 100		104 501 57		31.84	120		60.99		4.39
PSYCHIATRY	3,189	6 <b>,</b> 109 13		194,501.57 217.21		16.71	.138		108.61		.00
IMMUNIZATION AND INJECTION	142	2,137		77,325.64		36.18	.048		544.55		1.75
OTHER SERVICES/ALL X-OVERS		11,315		251,638.26		22.24	.255		61.92		5.68
	•	•	Ś	-	Ś	25.12	13.095	ċ	467.83	ċ	
@PHARMACY	•	580,163	ş	14,573,444.57	Ş			Ş		Þ	328.95
PRESCRIPTION DRUGS	•	L54,621		14,068,756.84		90.99	3.490		457.28		317.56
SNF/ICF	303	2,471		238,770.03		96.63	.056		788.02		5.39
OUTPATIENTS	•	L52,150		13,829,986.81		90.90	3.434		453.59		312.17
MEDICAL SUPPLIES		125,542	<b>^</b>	504,687.73	<u>^</u>	1.19	9.605	<u> </u>	151.15	<u> </u>	11.39
@DENTIST	905	3,782	\$	187,489.67	\$	49.57	.085	Ş	207.17	\$	4.23
VISITS - DIAGNOSTIC	582	1,975		28,376.33		14.37	.045		48.76		.64
ORAL SURGERY	183	801		41,108.50		51.32	.018		224.64		.93
DRUGS	7	7		75.00		10.71	.000		10.71		.00
ANESTHESIA	13	13		1,300.00		100.00	.000		100.00		.03
PERIODONTICS	13	18		1,381.12		76.73	.000		106.24		.03
ENDODONTICS	73	124		29 <b>,</b> 664.00		239.23	.003		406.36		.67
RESTORATIVE DENTISTRY	216	566		38 <b>,</b> 193.65		67.48	.013		176.82		.86
PROSTHETICS	2	2		60.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	102	256		46,527.00		181.75	.006		456.15		1.05
SPACE MAINTAINERS	1	1		111.00		111.00	.000		111.00		.00
MAXILLOFACIAL SERVICES	5	6		448.07		74.68	.000		89.61		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	2	4		245.00		61.25	.000		122.50		.01
ALL OTHER SERVICES	10	9		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITU	JRES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PI	AGE 5,202
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	R PUBLIC	C ASSI	STANCE - DISABLED							

DAKE COONTI	SOMMAN OF SEN	VICES FOR TOBLIC	ADDI	STANCE DISABLED			~ > 7 = 7		~=	
44 202 5 5 5 5 5			_		 			HLY AVERA	GE	
44,303 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		UNITS/DAY	S	COST PER		COST PER
0	4 40=	OR DAYS OF CAR			R UNIT/DAY	PER ELIG	_	USER	_	ELIGIBLE
@OPTOMETRIST	1,407	3,985	\$	83,539.32	\$	.090	Ş	59.37	\$	1.89
DIAGNOSTIC AND ANC. PROCED	582	592		25,854.81	43.67	.013		44.42		.58
EYE APPLIANCES	1,219	3,242		54,256.27	16.74	.073		44.51		1.22
OTHER OPTOMETRIC SERVICES	95	151		3,428.24	22.70	.003		36.09		.08
@CHIROPRACTOR	157	244	\$	,	\$	.006	\$		\$	.09
VISITS	139	224		3,736.92	16.68	.005		26.88		.08
OTHER SERVICES	18	20		315.63	15.78	.000		17.54		.01
@PODIATRIST	62	249	\$	3,367.69	\$	.006	\$	54.32	\$	.08
MEDICINE/INJECTIONS	13	14		412.70	29.48	.000		31.75		.01
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	49	235		2,954.99	12.57	.005		60.31		.07
@HOME HEALTH AGENCY	399	5 <b>,</b> 498	\$	249,520.23	\$ 45.38	.124	\$	625.36	\$	5.63
NURSE ANESTHESIST	49	392	\$	5,558.53	\$ 14.18	.009	\$	113.44	\$	.13
NURSE MIDWIFE	3	12	\$	478.24	\$ 39.85	.000	\$	159.41	\$	.01
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	10,535	64,070	\$	9,744,537.13	\$ 152.09	1.446	\$	924.97	\$	219.95
HOSP INPATIENT TOTAL	872	2,987		8,346,567.68	2794.30	.067		9571.75		188.40
HSC HOSPITALS	73	518		779,694.93	1505.20	.012		10680.75		17.60
NON-HSC HOSPITAL TOTAL	516	2,469		7,284,629.89	2950.44	.056		14117.50		164.43
ACCOMMODATIONS	509	2,469		2,159,578.87	874.68	.056		4242.79		48.75
ADMINISTRATIVE DAYS	3	3		330.65	110.22	.000		110.22		.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	506	2,466		2,159,248.22	875.61	.056		4267.29		48.74
ANCILLARIES	515	0		5,125,051.02	.00	.000		9951.56		115.68

INPATIENT CROSSOVERS	295	0	282,242.86	.00	.000	956.76	6.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10,164	61,083	1,397,969.45	22.89	1.379	137.54	31.55
MEDICAL	2 <b>,</b> 035	3 <b>,</b> 622	159 <b>,</b> 479.67	44.03	.082	78.37	3.60
SURGERY	425	494	31,026.72	62.81	.011	73.00	.70
PATHOLOGY	4,320	19,798	253,405.78	12.80	.447	58.66	5.72
RADIOLOGY	2,733	4,246	359,823.26	84.74	.096	131.66	8.12
ROOM USE	3,132	4,561	202,367.40	44.37	.103	64.61	4.57
CROSSOVERS/ALL OTH OUTPINT		28,362	391,866.62	13.82	.640	74.63	8.85
@COUNTY HOSPITAL TOTAL	76	416 \$	44,473.59	\$ 106.91	.009 \$		
CO HOSPITAL INPATIENT TOTAL	8	17	30,623.07	1801.36	.000	3827.88	.69
HSC HOSPITALS	5	15	16,425.00	1095.00	.000	3285.00	.37
NON-HSC HOSPITALS TOTAL	1	2	2,450.32	1225.16	.000	2450.32	.06
ACCOMMODATIONS	1	2 2	1,231.20	615.60	.000	1231.20	.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	1,231.20	615.60	.000	1231.20	.03
ANCILLARIES	1	2 0	1,219.12	.00	.000	1219.12	.03
INPATIENT CROSSOVERS	2	0	11,747.75	.00	.000	5873.88	.27
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	73	399	13,850.52	34.71	.009	189.73	.31
MEDICAL	42	62	1,756.47	28.33	.009	41.82	.04
	12	20					
SURGERY PATHOLOGY	18	88	2,503.65	125.18	.000	208.64	.06
	14	34	1,551.10	17.63	.002	86.17	.04
RADIOLOGY			2,605.91	76.64	.001	186.14	.06
ROOM USE	51	83	3,413.33	41.12	.002	66.93	.08
CROSSOVERS/ALL OTH OUTPTNT		112	2,020.06	18.04	.003	61.21	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES N	и()N'I'H=()+'-РАҮМ+:N'I' R+	SPORT FOR JAN	2004 'I'HRU DE	C 2004	PAGE 5,203
			01 11111111111111111111111111111			0 2001	
MOP024	FEE-FOR-SERVICE	E/DENTAL				0 2001	03/14/05
MOP024 LAKE COUNTY	FEE-FOR-SERVICE						03/14/05
LAKE COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	C/DENTAL VICES FOR PUBLIC ASSI	ISTANCE - DISABLED		MON	THLY AVERA	03/14/05 GE
	FEE-FOR-SERVICE	E/DENTAL VICES FOR PUBLIC ASSI UNITS OF SERVICE		AVERAGE COST	MON UNITS/DAYS	THLY AVERA COST PER	03/14/05  GE  COST PER
LAKE COUNTY 44,303 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE	ISTANCE - DISABLED EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON UNITS/DAYS PER ELIG	THLY AVERA COST PER USER	03/14/05  GE COST PER ELIGIBLE
LAKE COUNTY  44,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 10,480	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 \$	EXPENDITURES 9,700,063.54	AVERAGE COST PER UNIT/DAY \$ 152.39	MON UNITS/DAYS PER ELIG 1.437 \$	THLY AVERA COST PER USER 925.58	03/14/05  GE  COST PER  ELIGIBLE  \$ 218.95
LAKE COUNTY  44,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 10,480 864	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 \$ 2,970	EXPENDITURES  9,700,063.54 8,315,944.61	AVERAGE COST PER UNIT/DAY \$ 152.39 2799.98	MON UNITS/DAYS PER ELIG 1.437 \$ .067	THLY AVERA COST PER USER 925.58 9624.94	03/14/05  GE  COST PER  ELIGIBLE  \$ 218.95  187.71
LAKE COUNTY  44,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 10,480 864 68	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 \$ 2,970 503	EXPENDITURES  9,700,063.54 8,315,944.61 763,269.93	AVERAGE COST PER UNIT/DAY \$ 152.39 2799.98 1517.44	MON UNITS/DAYS PER ELIG 1.437 \$ .067 .011	THLY AVERA COST PER USER 925.58 9624.94 11224.56	03/14/05  GE  COST PER  ELIGIBLE  \$ 218.95  187.71  17.23
LAKE COUNTY  44,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 10,480 864 68 515	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 \$ 2,970 503 2,467	EXPENDITURES  9,700,063.54  8,315,944.61  763,269.93  7,282,179.57	AVERAGE COST PER UNIT/DAY \$ 152.39 2799.98 1517.44 2951.84	MON UNITS/DAYS PER ELIG 1.437 \$ .067 .011 .056	THLY AVERA COST PER USER 925.58 9624.94 11224.56 14140.15	03/14/05  GE  COST PER  ELIGIBLE  \$ 218.95  187.71  17.23  164.37
LAKE COUNTY  44,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 10,480 864 68 515 508	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 \$ 2,970 503 2,467 2,467	EXPENDITURES  9,700,063.54  8,315,944.61  763,269.93  7,282,179.57  2,158,347.67	AVERAGE COST PER UNIT/DAY \$ 152.39 2799.98 1517.44 2951.84 874.89	MON UNITS/DAYS PER ELIG 1.437 \$ .067 .011 .056 .056	THLY AVERA COST PER USER 925.58 9624.94 11224.56 14140.15 4248.72	03/14/05  GE  COST PER  ELIGIBLE  \$ 218.95  187.71  17.23  164.37  48.72
LAKE COUNTY  44,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 10,480 864 68 515 508 3	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 \$ 2,970 503 2,467 2,467 3	EXPENDITURES  9,700,063.54  8,315,944.61  763,269.93  7,282,179.57  2,158,347.67  330.65	AVERAGE COST PER UNIT/DAY \$ 152.39 2799.98 1517.44 2951.84 874.89 110.22	MON UNITS/DAYS PER ELIG 1.437 \$ .067 .011 .056 .056 .000	THLY AVERA COST PER USER 925.58 9624.94 11224.56 14140.15 4248.72 110.22	03/14/05  GE  COST PER  ELIGIBLE  \$ 218.95  187.71  17.23  164.37  48.72  .01
LAKE COUNTY  44,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 10,480 864 68 515 508 3	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 \$ 2,970 503 2,467 2,467 3 0	EXPENDITURES  9,700,063.54  8,315,944.61  763,269.93  7,282,179.57  2,158,347.67  330.65  .00	AVERAGE COST PER UNIT/DAY \$ 152.39 2799.98 1517.44 2951.84 874.89 110.22 .00	MON UNITS/DAYS PER ELIG 1.437 \$ .067 .011 .056 .056 .000 .000	THLY AVERA COST PER USER 925.58 9624.94 11224.56 14140.15 4248.72 110.22 .00	03/14/05  GE COST PER ELIGIBLE \$ 218.95 187.71 17.23 164.37 48.72 .01 .00
LAKE COUNTY  44,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 10,480 864 68 515 508 3 0 505	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 \$ 2,970 503 2,467 2,467 3	EXPENDITURES  9,700,063.54  8,315,944.61  763,269.93  7,282,179.57  2,158,347.67  330.65  .00  2,158,017.02	AVERAGE COST PER UNIT/DAY \$ 152.39 2799.98 1517.44 2951.84 874.89 110.22 .00 875.82	MON UNITS/DAYS PER ELIG 1.437 \$ .067 .011 .056 .056 .000	THLY AVERA COST PER USER 925.58 9624.94 11224.56 14140.15 4248.72 110.22 .00 4273.30	03/14/05  GE COST PER ELIGIBLE \$ 218.95 187.71 17.23 164.37 48.72 .01 .00 48.71
LAKE COUNTY  44,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 10,480 864 68 515 508 3	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 \$ 2,970 503 2,467 2,467 3 0	EXPENDITURES  9,700,063.54  8,315,944.61  763,269.93  7,282,179.57  2,158,347.67  330.65  .00	AVERAGE COST PER UNIT/DAY \$ 152.39 2799.98 1517.44 2951.84 874.89 110.22 .00 875.82	MON UNITS/DAYS PER ELIG 1.437 \$ .067 .011 .056 .056 .000 .000	THLY AVERA COST PER USER 925.58 9624.94 11224.56 14140.15 4248.72 110.22 .00 4273.30 9968.54	03/14/05  GE COST PER ELIGIBLE \$ 218.95 187.71 17.23 164.37 48.72 .01 .00
LAKE COUNTY  44,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	### TEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF S	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 \$ 2,970 503 2,467 2,467 3 0 2,464	EXPENDITURES  9,700,063.54  8,315,944.61  763,269.93  7,282,179.57  2,158,347.67  330.65  .00  2,158,017.02	AVERAGE COST PER UNIT/DAY \$ 152.39 2799.98 1517.44 2951.84 874.89 110.22 .00 875.82	MON UNITS/DAYS PER ELIG 1.437 \$ .067 .011 .056 .056 .000 .000 .000	THLY AVERA COST PER USER 925.58 9624.94 11224.56 14140.15 4248.72 110.22 .00 4273.30	03/14/05  GE COST PER ELIGIBLE \$ 218.95 187.71 17.23 164.37 48.72 .01 .00 48.71
LAKE COUNTY  44,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	### FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  10,480  864 68 515 508 3 0 505 514	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 \$ 2,970 503 2,467 2,467 3 0 2,464 0	EXPENDITURES  9,700,063.54  8,315,944.61  763,269.93  7,282,179.57  2,158,347.67  330.65  .00  2,158,017.02  5,123,831.90	AVERAGE COST PER UNIT/DAY \$ 152.39 2799.98 1517.44 2951.84 874.89 110.22 .00 875.82	MON UNITS/DAYS PER ELIG 1.437 \$ .067 .011 .056 .056 .000 .000 .000	THLY AVERA COST PER USER 925.58 9624.94 11224.56 14140.15 4248.72 110.22 .00 4273.30 9968.54	03/14/05  GE COST PER ELIGIBLE \$ 218.95 187.71 17.23 164.37 48.72 .01 .00 48.71 115.65
LAKE COUNTY  44,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	### TEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF S	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 \$ 2,970 503 2,467 2,467 3 0 2,464 0 0	EXPENDITURES  9,700,063.54  8,315,944.61  763,269.93  7,282,179.57  2,158,347.67  330.65  .00  2,158,017.02  5,123,831.90  270,495.11	AVERAGE COST PER UNIT/DAY \$ 152.39 2799.98 1517.44 2951.84 874.89 110.22 .00 875.82 .00	MON UNITS/DAYS PER ELIG 1.437 \$ .067 .011 .056 .056 .000 .000 .000 .000	THLY AVERA COST PER USER 925.58 9624.94 11224.56 14140.15 4248.72 110.22 10.22 00 4273.30 9968.54 923.19	03/14/05  GE COST PER ELIGIBLE \$ 218.95 187.71 17.23 164.37 48.72 .01 .00 48.71 115.65 6.11
LAKE COUNTY  44,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	USERS  10,480 864 68 515 508 3 0 505 514 293 0	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 \$ 2,970 503 2,467 2,467 3 0 2,464 0 0 0	EXPENDITURES  9,700,063.54 8,315,944.61 763,269.93 7,282,179.57 2,158,347.67 330.65 .00 2,158,017.02 5,123,831.90 270,495.11	AVERAGE COST PER UNIT/DAY \$ 152.39 2799.98 1517.44 2951.84 874.89 110.22 .00 875.82 .00 .00	MON UNITS/DAYS PER ELIG 1.437 \$ .067 .011 .056 .056 .000 .000 .000 .000 .000	THLY AVERA COST PER USER 925.58 9624.94 11224.56 14140.15 4248.72 110.22 00 4273.30 9968.54 923.19	03/14/05  GE COST PER ELIGIBLE \$ 218.95 187.71 17.23 164.37 48.72 01 00 48.71 115.65 6.11 00
LAKE COUNTY  44,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	### TEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF S	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 \$ 2,970 503 2,467 2,467 2,467 3 0 2,464 0 0 0 60,684	EXPENDITURES  9,700,063.54 8,315,944.61 763,269.93 7,282,179.57 2,158,347.67 330.65 .00 2,158,017.02 5,123,831.90 270,495.11 .00 1,384,118.93 157,723.20	AVERAGE COST PER UNIT/DAY \$ 152.39 2799.98 1517.44 2951.84 874.89 110.22 .00 875.82 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG 1.437 \$ .067 .011 .056 .056 .000 .000 .006 .000 .000 .000	THLY AVERA COST PER USER 925.58 9624.94 11224.56 14140.15 4248.72 110.22 10.22 9968.54 923.19 00 136.91 79.02	03/14/05  GE COST PER ELIGIBLE \$ 218.95 187.71 17.23 164.37 48.72 .01 .00 48.71 115.65 6.11 .00 31.24
A4,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	### TEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF S	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 \$ 2,970 503 2,467 2,467 3 0 2,464 0 0 0 60,684 3,560	EXPENDITURES  9,700,063.54 8,315,944.61 763,269.93 7,282,179.57 2,158,347.67 330.65 .00 2,158,017.02 5,123,831.90 270,495.11 .00 1,384,118.93 157,723.20 28,523.07	AVERAGE COST PER UNIT/DAY \$ 152.39 2799.98 1517.44 2951.84 874.89 110.22 .00 875.82 .00 .00 .00	MON UNITS/DAYS PER ELIG 1.437 \$ .067 .011 .056 .056 .000 .000 .000 .000 .000 .000	THLY AVERA COST PER USER 925.58 9624.94 11224.56 14140.15 4248.72 110.22 .00 4273.30 9968.54 923.19 .00 136.91	03/14/05  GE COST PER ELIGIBLE \$ 218.95 187.71 17.23 164.37 48.72 01 00 48.71 115.65 6.11 00 31.24 3.56
A4,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 10,480 864 68 515 508 3 0 505 514 293 0 10,110 1,996	E/DENTAL FICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 \$ 2,970 503 2,467 2,467 3 0 2,464 0 0 0 0 60,684 3,560 474	EXPENDITURES  9,700,063.54 8,315,944.61 763,269.93 7,282,179.57 2,158,347.67 330.65 .00 2,158,017.02 5,123,831.90 270,495.11 .00 1,384,118.93 157,723.20	AVERAGE COST PER UNIT/DAY \$ 152.39 2799.98 1517.44 2951.84 874.89 110.22 .00 875.82 .00 .00 .00 .00 .22.81 44.30 60.18	MON UNITS/DAYS PER ELIG 1.437 \$ .067 .011 .056 .056 .000 .000 .056 .000 .000 .000	THLY AVERA COST PER USER 925.58 9624.94 11224.56 14140.15 4248.72 110.22 .00 4273.30 9968.54 923.19 .00 136.91 79.02 69.06	03/14/05  GE COST PER ELIGIBLE \$ 218.95 187.71 17.23 164.37 48.72 01 00 48.71 115.65 6.11 00 31.24 3.56 64
A4,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS  10,480 864 68 515 508 3 0 505 514 293 0 10,110 1,996 413 4,305 2,721	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 \$ 2,970 \$ 503 2,467 2,467 3 0 2,464 0 0 0 0 60,684 3,560 474 19,710 4,212	EXPENDITURES  9,700,063.54 8,315,944.61 763,269.93 7,282,179.57 2,158,347.67 330.65 .00 2,158,017.02 5,123,831.90 270,495.11 .00 1,384,118.93 157,723.20 28,523.07 251,854.68 357,217.35	AVERAGE COST PER UNIT/DAY \$ 152.39 2799.98 1517.44 2951.84 874.89 110.22 .00 875.82 .00 .00 .00 .22.81 44.30 60.18 12.78	MON UNITS/DAYS PER ELIG 1.437 \$ .067 .011 .056 .056 .000 .000 .056 .000 .000 .000	THLY AVERA COST PER USER 925.58 9624.94 11224.56 14140.15 4248.72 110.22 10.22 9968.54 923.19	03/14/05  GE COST PER ELIGIBLE \$ 218.95 187.71 17.23 164.37 48.72 01 00 48.71 115.65 6.11 00 31.24 3.56 6.64 5.68
LAKE COUNTY  44,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 10,480 864 68 515 508 3 0 505 514 293 0 10,110 1,996 413 4,305	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 \$ 2,970 \$ 503 2,467 2,467 3 0 2,464 0 0 0 0 60,684 3,560 474 19,710 4,212 4,478	EXPENDITURES  9,700,063.54 8,315,944.61 763,269.93 7,282,179.57 2,158,347.67 330.65 .00 2,158,017.02 5,123,831.90 270,495.11 .00 1,384,118.93 157,723.20 28,523.07 251,854.68	AVERAGE COST PER UNIT/DAY \$ 152.39 2799.98 1517.44 2951.84 874.89 110.22 .00 875.82 .00 .00 .00 .22.81 44.30 60.18 12.78 84.81	MON UNITS/DAYS PER ELIG 1.437 \$ .067 .011 .056 .056 .000 .000 .006 .000 .000 .000	THLY AVERA COST PER USER 925.58 9624.94 11224.56 14140.15 4248.72 110.22 10.22 00 4273.30 9968.54 923.19 00 136.91 79.02 69.06 58.50 131.28	03/14/05  GE COST PER ELIGIBLE \$ 218.95 187.71 17.23 164.37 48.72 .01 .00 48.71 115.65 6.11 .00 31.24 3.56 .64 5.68 8.06
A4,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERV USERS  10,480 864 68 515 508 3 0 505 514 293 0 10,110 1,996 413 4,305 2,721 3,089	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 \$ 2,970 \$ 503 2,467 2,467 3 0 2,464 0 0 0 0 60,684 3,560 474 19,710 4,212	EXPENDITURES  9,700,063.54 8,315,944.61 763,269.93 7,282,179.57 2,158,347.67 330.65 .00 2,158,017.02 5,123,831.90 270,495.11 .00 1,384,118.93 157,723.20 28,523.07 251,854.68 357,217.35 198,954.07	AVERAGE COST PER UNIT/DAY \$ 152.39 2799.98 1517.44 2951.84 874.89 110.22 .00 875.82 .00 .00 .00 .22.81 44.30 60.18 12.78 84.81 44.43	MON UNITS/DAYS PER ELIG 1.437 \$ .067 .011 .056 .056 .000 .000 .056 .000 .000 .056 .000 .000	THLY AVERA COST PER USER 925.58 9624.94 11224.56 14140.15 4248.72 110.22 .00 4273.30 9968.54 923.19 .00 136.91 79.02 69.06 58.50 131.28 64.41 74.67	03/14/05  GE COST PER ELIGIBLE \$ 218.95 187.71 17.23 164.37 48.72 .01 .00 48.71 115.65 6.11 .00 31.24 3.56 .64 5.68 8.06 4.49 8.80
A4,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	FEE-FOR-SERVICE SUMMARY OF SERV USERS  10,480 864 68 515 508 3 0 505 514 293 0 10,110 1,996 413 4,305 2,721 3,089 5,221	E/DENTAL FICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 2,970 503 2,467 2,467 3 0 2,464 0 0 0 60,684 3,560 474 19,710 4,212 4,478 28,250	EXPENDITURES  9,700,063.54  8,315,944.61  763,269.93  7,282,179.57  2,158,347.67  330.65  .00  2,158,017.02  5,123,831.90  270,495.11  .00  1,384,118.93  157,723.20  28,523.07  251,854.68  357,217.35  198,954.07  389,846.56 .00	AVERAGE COST PER UNIT/DAY \$ 152.39 2799.98 1517.44 2951.84 874.89 110.22 .00 875.82 .00 .00 .00 .22.81 44.30 60.18 12.78 84.81 44.43 13.80 \$ .00	MON UNITS/DAYS PER ELIG 1.437 \$ .067 .011 .056 .056 .000 .000 .056 .000 .000 .000 .000 .000 1.370 .080 .011 .445 .095 .101 .638 .000 \$	THLY AVERA COST PER USER 925.58 9624.94 11224.56 14140.15 4248.72 110.22 .00 4273.30 9968.54 923.19 .00 136.91 79.02 69.06 58.50 131.28 64.41 74.67 .00	03/14/05  GE COST PER ELIGIBLE \$ 218.95 187.71 17.23 164.37 48.72 .01 .00 48.71 115.65 6.11 .00 31.24 3.56 .64 5.68 8.06 4.49 8.80 \$ .00
LAKE COUNTY  44,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	### TEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF S	E/DENTAL FICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 2,970 503 2,467 2,467 3 0 2,464 0 0 0 0 60,684 3,560 474 19,710 4,212 4,478 28,250 0 \$	EXPENDITURES  9,700,063.54  8,315,944.61  763,269.93  7,282,179.57  2,158,347.67  330.65  .00  2,158,017.02  5,123,831.90  270,495.11  .00  1,384,118.93  157,723.20  28,523.07  251,854.68  357,217.35  198,954.07  389,846.56  .00  .00	AVERAGE COST PER UNIT/DAY \$ 152.39 2799.98 1517.44 2951.84 874.89 110.22 .00 875.82 .00 .00 .00 .22.81 44.30 60.18 12.78 84.81 44.43 13.80 \$ .00	MON UNITS/DAYS PER ELIG 1.437 \$ .067 .011 .056 .056 .000 .000 .000 .000 .000 .000	THLY AVERA COST PER USER 925.58 9624.94 11224.56 14140.15 4248.72 110.22 .00 4273.30 9968.54 923.19 .00 136.91 79.02 69.06 58.50 131.28 64.41 74.67 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ 218.95 187.71 17.23 164.37 48.72 .01 .00 48.71 115.65 6.11 .00 31.24 3.56 .64 5.68 8.06 4.49 8.80 \$ .00 .00
LAKE COUNTY  44,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  10,480 864 68 515 508 3 0 505 514 293 0 10,110 1,996 413 4,305 2,721 3,089 5,221 0 0 0	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 \$ 2,970 \$ 503 \$ 2,467 \$ 2,467 \$ 3 0 \$ 2,464 0 0 0 0 \$ 60,684 3,560 474 \$ 19,710 4,212 4,478 28,250 \$ 0 0	EXPENDITURES  9,700,063.54  8,315,944.61  763,269.93  7,282,179.57  2,158,347.67  330.65  .00  2,158,017.02  5,123,831.90  270,495.11  .00  1,384,118.93  157,723.20  28,523.07  251,854.68  357,217.35  198,954.07  389,846.56  .00  .00  .00	AVERAGE COST PER UNIT/DAY \$ 152.39 2799.98 1517.44 2951.84 874.89 110.22 .00 875.82 .00 .00 .22.81 44.30 60.18 12.78 84.81 44.43 13.80 \$ .00 .00	MON UNITS/DAYS PER ELIG 1.437 \$ .067 .011 .056 .056 .000 .000 .000 .000 .000 .000	THLY AVERA COST PER USER 925.58 9624.94 11224.56 14140.15 4248.72 110.22 .00 4273.30 9968.54 923.19 .00 136.91 79.02 69.06 58.50 131.28 64.41 74.67 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ 218.95 187.71 17.23 164.37 48.72 .01 .00 48.71 115.65 6.11 .00 31.24 3.56 .64 5.68 8.06 4.49 8.80 \$ .00 .00 .00
LAKE COUNTY  44,303 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	### TEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF S	E/DENTAL FICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 63,654 \$ 2,970 \$ 503 2,467 2,467 3 0 2,464 0 0 0 60,684 3,560 474 19,710 4,212 4,478 28,250 0 \$ 0	EXPENDITURES  9,700,063.54  8,315,944.61  763,269.93  7,282,179.57  2,158,347.67  330.65  .00  2,158,017.02  5,123,831.90  270,495.11  .00  1,384,118.93  157,723.20  28,523.07  251,854.68  357,217.35  198,954.07  389,846.56  .00  .00	AVERAGE COST PER UNIT/DAY \$ 152.39 2799.98 1517.44 2951.84 874.89 110.22 .00 875.82 .00 .00 .00 .22.81 44.30 60.18 12.78 84.81 44.43 13.80 \$ .00 .00	MON UNITS/DAYS PER ELIG 1.437 \$ .067 .011 .056 .056 .000 .000 .000 .000 .000 .000	THLY AVERA COST PER USER 925.58 9624.94 11224.56 14140.15 4248.72 110.22 .00 4273.30 9968.54 923.19 .00 136.91 79.02 69.06 58.50 131.28 64.41 74.67 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ 218.95 187.71 17.23 164.37 48.72 .01 .00 48.71 115.65 6.11 .00 31.24 3.56 .64 5.68 8.06 4.49 8.80 \$ .00 .00 .00

LEV B-REHAB MD	1	13		1,885.78		145.06	.000		1885.78		.04
LEV B-SUBACUTE FREESTANDING	0	0		1,682.96		.00	.000		.00		.04
LEV B-SUBACUTE HSPTL BASED	0	0		12,790.85		.00	.000		.00		.29
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	222	5,221		694,914.62		133.10	.118		3130.25		15.69
@INTERMEDIATE CARE FACILDD	4	94	\$	16,207.92	\$	172.42	.002	\$	4051.98	\$	.37
ICF DDH	4	94		16,207.92		172.42	.002		4051.98		.37
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	207	7,637	\$	281,881.85	\$	36.91	.172	\$	1361.75	\$	6.36
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	207	7,637		281,881.85		36.91	.172		1361.75		6.36
@REHABILITATION FACILITY	12	126	\$	2,281.64	\$	18.11	.003	\$	190.14	\$	.05
HOSPITAL BASED	6	55		1,428.43		25.97	.001		238.07		.03
INDEPENDENT FACILITY	6	71		853.21		12.02	.002		142.20		.02
@LABORATORY FACILITY	775	3,138	\$	43,549.32	\$	13.88	.071	\$	56.19	\$	.98
PATHOLOGY	759	3,081		43,015.95		13.96	.070		56.67		.97
XO AND OTHERS	16	57		533.37		9.36	.001		33.34		.01
@ORGANIZED OUTPATIENT CLINIC	17,041	34,103	\$	3,583,622.30	\$	105.08	.770	\$	210.29	\$	80.89
CLINIC	51	141		5,044.75		35.78	.003		98.92		.11
SURGICENTER	51	157		10,639.11		67.77	.004		208.61		.24
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	16 <b>,</b> 975	33,805		3,567,938.44		105.54	.763		210.19		80.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	JRES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 5,204
MOP024	FEE-FOR-SERVICE/DEN	TAL									03/14/05
LAKE COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	C ASS	ISTANCE - DISABLED							

LAKE COUNTI	SOMMAKI OF SEK	VICES FOR FUBLIC A.	SSISI	ANCE - DISABLED				
						MC	NTHLY AVERA	GE
44,303 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6 <b>,</b> 183	176,638	\$	1,461,571.94		3.987		
DURABLE MED. EQUIP.	761	2 <b>,</b> 499		432,499.05	173.07	.056	568.33	9.76
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	12		7,576.51	631.38	.000	757.65	.17
MEDICAL TRANSPORTATION	1,336	122 <b>,</b> 958		462,226.86	3.76	2.775	345.98	10.43
AMBULANCES/AIR TRANS	1,010	15,002		184,318.85		.339	182.49	4.16
OTHER TRANS	290	107,124		218,629.92	2.04	2.418	753.90	4.93
OTHER SERVICES	102	832		59,278.09	71.25	.019	581.16	1.34
ACUPUNCTURE	427	1,070		18,185.08	17.00	.024	42.59	.41
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	7	7		735.00	105.00	.000	105.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	401	2,060		220,551.53	107.06	.046	550.00	4.98
OCCUPATIONAL THERAPIST	8	58		782.75	13.50	.001	97.84	.02
OPTICIAN	1,234	3 <b>,</b> 158		32,564.32	10.31	.071	26.39	.74
PHYSICAL THERAPIST	157	1,321		19,571.73	14.82	.030	124.66	. 44
PORTABLE X-RAY	2	3		76.66	25.55	.000	38.33	.00
PROSTHETIST/ORTHOTISTS	93	353		40,337.02	114.27	.008	433.73	.91
PROSTHETICS	93	353		40,337.02	114.27	.008	433.73	.91
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3		23.62	7.87	.000	23.62	.00
SPEECH AND AUDIOLOGY	141	400		29,465.24	73.66	.009	208.97	.67
HOSPICE SERVICES	24	437		52,601.61	120.37	.010	2191.73	1.19
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	488	7,077		73,320.80	10.36	.160	150.25	1.65
EPSDT SUPPLEMENTAL SERVICE	1	4		250.00	62.50	.000	250.00	.01
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1,630	35,218	70,804.16	2.01	.795	43.44	1.60
@CALIF. CHILDREN SERVICES*	321	12,776	\$ 375,130.50	\$ 29.36	.288	\$ 1168.63	\$ 8.47
@XOVER EXCLUDING STATE HOSP**	6,166	78,712	\$ 1,066,355.47	\$ 13.55	1.777	\$ 172.94	\$ 24.07
0			 				

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,205
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					MOI	NTHLY AVERA	GE
42,879 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	23,844	107,637	\$ 8,482,297.80	\$ 78.80	2.510	\$ 355.74	\$ 197.82
@PHYSICIANS SERVICES	5 <b>,</b> 339	13,493	\$ 555,666.15	\$ 41.18	.315	\$ 104.08	\$ 12.96
OUTPATIENT VISITS	3,431	5,242	205,026.83	39.11	.122	59.76	4.78
OFFICE VISITS	861	996	36,389.14	36.54	.023	42.26	.85
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,445	2,694	147,753.17	54.85	.063	60.43	3.45
PREVENTIVE CARE	5	5	183.55	36.71	.000	36.71	.00
OB VISITS/COMPRE PERI	175	1,494	18,986.09	12.71	.035	108.49	. 44
OTHER OUTPATIENT	50	53	1,714.88	32.36	.001	34.30	.04
INPATIENT VISITS	195	857	69 <b>,</b> 704.57	81.34	.020	357.46	1.63
HOSPITAL VISITS	182	622	30,959.83	49.77	.015	170.11	.72
CRITICAL CARE	33	235	38,744.74	164.87	.005	1174.08	.90
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	78	93	3,888.66	41.81	.002	49.85	.09
EXAMINATIONS	78	93	3,888.66	41.81	.002	49.85	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	211	1,213	88,812.96	73.22	.028	420.91	2.07
PRINCIPAL SURGEON	139	157	69,854.55	444.93	.004	502.55	1.63
ASSISTANT SURGEON	8	8	2,083.33	260.42	.000	260.42	.05
ANESTHESIOLOGIST	81	1,048	16,875.08	16.10	.024	208.33	.39

OUTPATIENT SURGERY	537	1,638		78,507.71	47.93	.038	146.20		1.83
PRINCIPAL SURGEON	446	549		59,409.57	108.21	.013	133.21		1.39
ASSISTANT SURGEON	1	1		112.81	112.81	.000	112.81		.00
ANESTHESIOLOGIST	118	1,088		18,985.33	17.45	.025	160.89		. 44
DIALYSIS	2	5		283.00	56.60	.000	141.50		.01
PATHOLOGY	402	620		13,967.44	22.53	.014	34.74		.33
RADIOLOGY	1,733	2,470		62,080.31	25.13	.058	35.82		1.45
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	48	211		4,406.53	20.88	.005	91.80		.10
OTHER SERVICES/ALL X-OVERS	544	1,144		28,988.14	25.34	.027	53.29		.68
@PHARMACY	10,835	32,054	\$	1,214,746.55	\$ 37.90	.748 \$		\$	28.33
PRESCRIPTION DRUGS	10,770	24 <b>,</b> 937		1,194,909.61	47.92	.582	110.95		27.87
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	10,770	24,937		1,194,909.61	47.92	.582	110.95		27.87
MEDICAL SUPPLIES	222	7,117		19,836.94	2.79	.166	89.36		.46
@DENTIST	1,058	5 <b>,</b> 119	\$	188,294.90	\$ 36.78	.119 \$		\$	4.39
VISITS - DIAGNOSTIC	741	2,992		46,883.95	15.67	.070	63.27		1.09
ORAL SURGERY	161	516		31,890.80	61.80	.012	198.08		.74
DRUGS	33	42		975.00	23.21	.001	29.55		.02
ANESTHESIA	33	33		3,200.00	96.97	.001	96.97		.07
PERIODONTICS	5	5		338.00	67.60	.000	67.60		.01
ENDODONTICS	120	230		31,649.00	137.60	.005	263.74		.74
RESTORATIVE DENTISTRY	374	1,170		64,362.40	55.01	.027	172.09		1.50
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	10	35		3,070.75	87.74	.001	307.08		.07
SPACE MAINTAINERS	12	17		1,920.00	112.94	.000	160.00		.04
MAXILLOFACIAL SERVICES	2	2		150.00	75.00	.000	75.00		.00
FRACTURES, DISLOCATIONS	0	1		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	34	43		3,780.00	87.91	.001	111.18		.09
ALL OTHER SERVICES	26	33		75.00	2.27	.001	2.88		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES M	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PA	AGE 5,206
MOP024	FEE-FOR-SERVICE	E/DENTAL							03/14/05
LAKE COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASSI	STANCE - FAMILIES					
						MON	THLY AVERA	GE -	
42,879 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
·		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@OPTOMETRIST	676	1,899	\$	43,166.55	\$ 22.73	.044 \$	63.86	\$	1.01
DIAGNOSTIC AND ANC. PROCED	497	506		22,452.42	44.37	.012	45.18		.52

42,879 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		ERAGE COST R UNIT/DAY	UNITS/DAY	S	COST PER USER		COST PER ELIGIBLE
@OPTOMETRIST	676	1,899	\$	43,166.55	\$	22.73	.044	Ġ	63.86	Ś	1.01
DIAGNOSTIC AND ANC. PROCED	497	506	۲	22,452.42	۲	44.37	.012	Ψ	45.18	Υ	.52
EYE APPLIANCES	507	1,385		20,489.23		14.79	.032		40.41		.48
OTHER OPTOMETRIC SERVICES	7	8		224.90		28.11	.000		32.13		.01
@CHIROPRACTOR	123	176	Ś	2,942.72	Ś	16.72	.004	Ś	23.92	Ś	.07
VISITS	123	176		2,942.72	'	16.72	.004		23.92		.07
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	84	552	\$	24,085.19	\$	43.63	.013	\$	286.73	\$	.56
NURSE ANESTHESIST	47	360	\$	6,577.61	\$	18.27	.008	\$	139.95	\$	.15
NURSE MIDWIFE	1	7	\$	217.84	\$	31.12	.000	\$	217.84	\$	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	4	4	\$	153.50	\$	38.38	.000	\$	38.38	\$	.00
@TOTAL HOSPITAL	5 <b>,</b> 669	21,200	\$	3,451,638.32	\$	162.81	.494	\$	608.86	\$	80.50
HOSP INPATIENT TOTAL	299	1,405		2,908,091.07		2069.82	.033		9726.06		67.82
HSC HOSPITALS	42	311		521,391.01		1676.50	.007		12414.07		12.16

NON-HSC HOSPITAL TOTAL	258	1,094		2,385,824.06	2180.83	.026	9247.38	55.64
ACCOMMODATIONS	258	1,094		855 <b>,</b> 870.86	782.33	.026	3317.33	19.96
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	258	1,094		855,870.86	782.33	.026	3317.33	19.96
ANCILLARIES	258	0		1,529,953.20	.00	.000	5930.05	35.68
INPATIENT CROSSOVERS	1	0		876.00	.00	.000	876.00	.02
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5 <b>,</b> 511	19,795		543,547.25	27.46	.462	98.63	12.68
MEDICAL	943	1,456		72,927.83	50.09	.034	77.34	1.70
SURGERY	246	290		16,034.81	55.29	.007	65.18	.37
PATHOLOGY	2,383	8,719		112,704.74	12.93	.203	47.30	2.63
RADIOLOGY	1,644	2,142		139,899.50	65.31			3.26
ROOM USE	3 <b>,</b> 158	3 <b>,</b> 759		152,710.22	40.63	.088	48.36	3.56
CROSSOVERS/ALL OTH OUTPTNT	1,766	3,429		49,270.15	14.37	.080	27.90	1.15
@COUNTY HOSPITAL TOTAL	18	127	\$	7,972.62	\$ 62.78	.003	\$ 442.92	\$ .19
CO HOSPITAL INPATIENT TOTAL	1	4		4,640.00	1160.00	.000	4640.00	.11
HSC HOSPITALS	1	4		4,640.00	1160.00	.000	4640.00	.11
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	17	123		3,332.62	27.09	.003	196.04	.08
MEDICAL	4	5		112.94	22.59	.000	28.24	.00
SURGERY	5	10		745.25	74.53	.000	149.05	.02
PATHOLOGY	7	33		615.09	18.64		87.87	.01
RADIOLOGY	1	1		15.54	15.54	.000	15.54	.00
ROOM USE	16	27		1,413.39	52.35		88.34	.03
CROSSOVERS/ALL OTH OUTPTNT	10	47		430.41	9.16	.001	43.04	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 5,207
MOP024	FEE-FOR-SERVICE/DENT	AL						03/14/05
LAKE COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASSI	STANCE - FAMILIES				
						M	ONTHLY AVERA	GE
40 000			_			/		~~~

42,879 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5 <b>,</b> 653	21,073 \$	3,443,665.70	\$ 163.42	.491	\$ 609.17	\$ 80.31
COMM HOSP INPATIENT TOTAL	298	1,401	2,903,451.07	2072.41	.033	9743.12	67.71
HSC HOSPITALS	41	307	516,751.01	1683.23	.007	12603.68	12.05
NON-HSC HOSPITALS TOTAL	258	1,094	2,385,824.06	2180.83	.026	9247.38	55.64
ACCOMMODATIONS	258	1,094	855 <b>,</b> 870.86	782.33	.026	3317.33	19.96
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	258	1,094	855 <b>,</b> 870.86	782.33	.026	3317.33	19.96
ANCILLARIES	258	0	1,529,953.20	.00	.000	5930.05	35.68
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5 <b>,</b> 496	19,672	540,214.63	27.46	.459	98.29	12.60
MEDICAL	939	1,451	72,814.89	50.18	.034	77.55	1.70
SURGERY	241	280	15,289.56	54.61	.007	63.44	.36
PATHOLOGY	2,376	8,686	112,089.65	12.90	.203	47.18	2.61
RADIOLOGY	1,643	2,141	139,883.96	65.34	.050	85.14	3.26
ROOM USE	3 <b>,</b> 142	3,732	151,296.83	40.54	.087	48.15	3.53

CROSSOVERS/ALL OTH OUTPTNT		3,382		48,839.74		14.44	.079		27.81		1.14
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	21	\$	2,926.14	\$	139.34	.000	\$	2926.14	\$	.07
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	21		2,926.14		139.34	.000		2926.14		.07
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH ICF DD ICF DDN/DDCN GHEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	2	11	\$	409.00	\$	37.18	.000	\$	204.50	\$	.01
HOSPITAL BASED	2	11		409.00		37.18	.000		204.50		.01
HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	406	1,207	\$	18,793.67	\$	15.57	.028	\$	46.29	\$	.44
PATHOLOGY	406	1,207		18 793 67		15.57	.028		46.29		. 44
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	12,896	20,472	\$	2,747,885.89	\$	134.23	.477	\$	213.08	\$	64.08
CLINIC	122	487		18,593.15		38.18	.011		152.40		.43
SURGICENTER	32	221		7,596.44		34.37	.005		237.39		.18
HEROIN DETOX CLINIC	1	1 Ω		213.11		11.84	.000		213.11		.00
RURAL HEALTH CLINIC	32 1 12 <b>,</b> 776	19,746		2,721,483.19		137.82	.461		213.02		63.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI		RES M		EPOR1		2004 THRU	DEC	2004	PZ	AGE 5,208
MOP024	FEE-FOR-SERVIC										03/14/05
LAKE COUNTY			ASSI	STANCE - FAMILIES							
							M	ONT	HLY AVERA	GE -	
42,879 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	ERAGE COST			COST PER		COST PER
•		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER	Ι	ELIGIBLE
@ALL OTHER PROVIDERS	2,370	11,062	\$	224,793.77	\$	20.32	.258		94.85	\$	5.24
DURABLE MED. EOUIP.	119	197		14,077.03		71.46	.005		118.29		.33
BLOOD BANK	0	0		0.0		.00	.000		.00		.00
42,879 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	0	0		.00 .00 128,310.77		0.0	.000		.00		.00
MEDICAL TRANSPORTATION	433	5,175		128,310.77		24.79 15.87	.121		296.33		2.99
AMBULANCES/AIR TRANS	430	5,113		81,148.28		15.87	.119		188.72		1.89
OTHER TRANS	3 28 46 0	34		127.61		3.75	.001		42.54		.00
OTHER SERVICES	28	28		127.61 47,034.88		1679.82	.001		1679.82		1.10
ACUPUNCTURE	46	116		1.985 00		17.11	.003		43.15		.05
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	27	27		2-835 00		105.00	.001		105.00		.07
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	2 / N	0		127.61 47,034.88 1,985.00 .00 2,835.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		00		.00	.000		.00		.00
OPTICIAN	493	1,137		9,903.76 6,504.94		8.71	.027		20.09		.23
PHYSICAL THERAPIST	57	423		6.504 94		15.38	.010		114.12		.15
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	27	49		5.726.46		116 87	001		212 09		13

5,726.46

5,726.46

1,329.60 6,387.47

.00

116.87

116.87

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49

0

24

182

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

PROSTHETICS

ORTHOTICS

PSYCHOLOGIST

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,114	3,671	47,131.46	12.84	.086	42.31	1.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	55	61	602.28	9.87	.001	10.95	.01
@CALIF. CHILDREN SERVICES*	150	4,384	\$ 773,189.74	\$ 176.37	.102	\$ 5154.60	\$ 18.03
@XOVER EXCLUDING STATE HOSP**	4	21	\$ 1,039.57	\$ 49.50	.000	\$ 259.89	\$ .02

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,209
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY	SUMMARY OF SER	VICES FOR PUBLIC ASSI	STANCE - TOTAL				
					MON'	THLY AVERA	GE
98,690 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	72,194	_, , 1	46,644,379.78	\$ 34.00	13.900 \$		\$ 472.64
@PHYSICIANS SERVICES	17 <b>,</b> 539	57 <b>,</b> 093 \$	2,079,132.97	\$ 36.42	.579 \$	118.54	\$ 21.07
OUTPATIENT VISITS	8,024	11,982	520,419.43	43.43	.121	64.86	5.27
OFFICE VISITS	3,199	4,138	140,427.01	33.94	.042	43.90	1.42
HOME VISITS	4	6	385.90	64.32	.000	96.48	.00
EMERGENCY ROOM	4,831	5 <b>,</b> 837	350,055.41	59.97	.059	72.46	3.55
PREVENTIVE CARE	6	6	218.24	36.37	.000	36.37	.00
OB VISITS/COMPRE PERI	204	1,776	22,342.29	12.58	.018	109.52	.23
OTHER OUTPATIENT	192	219	6,990.58	31.92	.002	36.41	
INPATIENT VISITS	775	3,434	200,211.68	58.30	.035	258.34	2.03
HOSPITAL VISITS	664	2,823	128,621.30	45.56	.029	193.71	1.30
CRITICAL CARE	108	466	66,845.72	143.45	.005	618.94	.68
SNF/ICF/TRANS IP CARE	100	145	4,744.66	32.72	.001	47.45	.05
OPHTHALMOLOGICAL SERVICES	308	353	13,938.07	39.48	.004	45.25	.14
EXAMINATIONS	308	352	13,902.78	39.50	.004	45.14	.14
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	570	3 <b>,</b> 782	268,373.81	70.96	.038	470.83	
PRINCIPAL SURGEON	383	532	207,773.34	390.55	.005	542.49	2.11
ASSISTANT SURGEON	36	36	7,868.44	218.57		218.57	.08
ANESTHESIOLOGIST	230	3,214	52,732.03	16.41	.033	229.27	.53
OUTPATIENT SURGERY	1,484	4,401	289,622.96	65.81	.045	195.16	2.93
PRINCIPAL SURGEON	1,248	1,678	239,072.04	142.47	.017	191.56	2.42
ASSISTANT SURGEON	5	5	612.37	122.47	.000	122.47	.01
ANESTHESIOLOGIST	310	2,718	49,938.55	18.37	.028	161.09	.51
DIALYSIS	42	246	21,053.70	85.58	.002	501.28	.21
PATHOLOGY	1,150	2,340	46,859.51	20.03	.024	40.75	
RADIOLOGY	4,975	8 <b>,</b> 680	259 <b>,</b> 269.58	29.87	.088	52.11	2.63
PSYCHIATRY	2	13	217.21	16.71	.000	108.61	.00
IMMUNIZATION AND INJECTION	190	2,348	81,732.17	34.81	.024	430.17	.83
OTHER SERVICES/ALL X-OVERS	6,393	19,514	377,434.85	19.34	.198	59.04	3.82
@PHARMACY	50,516	857 <b>,</b> 508 \$	18,691,373.92	\$ 21.80	8.689 \$	370.01	\$ 189.39
PRESCRIPTION DRUGS	49,861	219,595	18,003,766.10	81.99	2.225	361.08	182.43
SNF/ICF	487	3,633	298,210.47	82.08	.037	612.34	3.02
OUTPATIENTS	49,414	215,962	17,705,555.63	81.98	2.188	358.31	179.41
MEDICAL SUPPLIES	5,024	637,913	687,607.82	1.08	6.464	136.86	6.97
@DENTIST	2,091	9,310 \$	401,028.37	\$ 43.08	.094 \$	191.79	\$ 4.06
VISITS - DIAGNOSTIC	1,410	5,206	78,679.83	15.11	.053	55.80	.80
ORAL SURGERY	361	1,401	77,299.55	55.17	.014	214.13	.78

DDIICC	4.0	4.0		1 050 00		01 40	000		26.25		0.1
DRUGS ANESTHESIA	40 48	49 48		1,050.00		21.43 97.92	.000		26.25 97.92		.01 .05
				4,700.00			.000				
PERIODONTICS	19	24		1,837.12		76.55	.000		96.69		.02
ENDODONTICS	196	357		62,233.00		174.32	.004		317.52		.63
RESTORATIVE DENTISTRY	603	1,756		103,822.05		59.12	.018		172.18		1.05
PROSTHETICS	4	4		120.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	142	349		64,557.75		184.98	.004		454.63		.65
SPACE MAINTAINERS	13	18		2,031.00		112.83	.000		156.23		.02
MAXILLOFACIAL SERVICES	7	8		598.07		74.76	.000		85.44		.01
FRACTURES, DISLOCATIONS	0	1		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	36	47		4,025.00		85.64	.000		111.81		.04
ALL OTHER SERVICES	37	42		75.00		1.79	.000		2.03		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC	2004	PF	AGE 5,210
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSI	STANCE - TOTAL							
							M	ONT	HLY AVERA	GE -	
98,690 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@OPTOMETRIST	2,344	6,566	\$	138,972.11	\$	21.17	.067	\$	59.29	\$	1.41
DIAGNOSTIC AND ANC. PROCED	1,090	1,110		48,789.44		43.95	.011		44.76		.49
EYE APPLIANCES	1,949	5,224		85,074.32		16.29	.053		43.65		.86
OTHER OPTOMETRIC SERVICES	141	232		5,108.35		22.02	.002		36.23		.05
@CHIROPRACTOR	288	429	\$	7,134.60	\$	16.63	.004	\$	24.77	\$	.07
VISITS	262	400		6,679.64		16.70	.004		25.49		.07
OTHER SERVICES	26	29		454.96		15.69	.000		17.50		.00
@PODIATRIST	99	300	\$	3,819.61	\$	12.73	.003	\$	38.58	\$	.04
MEDICINE/INJECTIONS	13	14		412.70		29.48	.000		31.75		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	86	286		3,406.91		11.91	.003		39.62		.03
@HOME HEALTH AGENCY	491	6,089	\$	276,362.29	\$	45.39	.062	\$	562.86	\$	2.80
NURSE ANESTHESIST	97	770	\$	12,189.85	\$	15.83	.008	\$	125.67	\$	.12

NURSE MIDWIFE	4	19	\$	696.08	\$	36.64	.000		174.02		.01
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$		.000	\$	.00		.00
FAMILY NURSE PRACTITIONER	4	99,031	\$	153.50	\$		.000		38.38		.00
@TOTAL HOSPITAL	18,260	99 <b>,</b> 031	\$	14,366,711.46	\$	145.07			786.79	\$	145.57
HOSP INPATIENT TOTAL	1,422	4,668		12,214,020.77		2616.54	.047		8589.33		123.76
HSC HOSPITALS	119	855		1,334,745.49		1561.11	.009		11216.35		13.52
NON-HSC HOSPITAL TOTAL	801	3,813		10,415,021.59		2731.45	.039		13002.52		105.53
ACCOMMODATIONS	794	3,813		3,247,922.67		851.80	.039		4090.58		32.91
ADMINISTRATIVE DAYS	3	3		330.65		110.22	.000		110.22		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	791	3,810		3,247,592.02		852.39	.039		4105.68		32.91
ANCILLARIES	800	0		7,167,098.92		.00	.000		8958.87		72.62
INPATIENT CROSSOVERS	517	0		464,253.69		.00	.000		897.98		4.70
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	17,648	94,363		2,152,690.69		22.81	.956		121.98		21.81
MEDICAL	3,006	5,130		237,187.50		46.24	.052		78.90		2.40
SURGERY	678	791		47,939.62		60.61	.008		70.71		.49
PATHOLOGY	6,766	28,810		369,768.86		12.83	.292		54.65		3.75
RADIOLOGY	4,420	6,443		504,671.30		78.33	.065		114.18		5.11
ROOM USE	6,334	8,380		357,838.06		42.70	.085		56.49		3.63
CROSSOVERS/ALL OTH OUTPTNT	•	44,809	ċ	635,285.35	ċ	14.18 95.90	.454		71.21	ċ	6.44
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	98 11	566 21	\$	54,279.50 36,992.35	\$		.006	Þ		Ş	.55
	6	19		21,065.00		1761.54 1108.68	.000		3362.94 3510.83		.37 .21
HSC HOSPITALS NON-HSC HOSPITALS TOTAL	1	2		2,450.32		1225.16	.000		2450.32		.02
ACCOMMODATIONS	1					615.60	.000		1231.20		.01
ADMINISTRATIVE DAYS	0	2 0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2 0 0 2 0		1,231.20		615.60	.000		1231.20		.01
ANCILLARIES	1	0		1,219.12		.00	.000		1219.12		.01
INPATIENT CROSSOVERS	4	0		13,477.03		.00	.000		3369.26		.14
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	93	545		17,287.15		31.72	.006		185.88		.18
MEDICAL	46	67		1,869.41		27.90	.001		40.64		.02
SURGERY	17	30		3,248.90		108.30	.000		191.11		.03
PATHOLOGY	25	121		2,166.19		17.90	.001		86.65		.02
RADIOLOGY	15	35		2,621.45		74.90	.000		174.76		.03
ROOM USE	67	110		4,826.72		43.88	.001		72.04		.05
CROSSOVERS/ALL OTH OUTPTNT	46	182		2,554.48		14.04	.002		55.53		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES 1	MONTH-OF-PAYMENT RE	EPOR	T FOR JAN	2004 THRU	DEC	C 2004	PA	AGE 5,211
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
LAKE COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC .	ASS:	ISTANCE - TOTAL							
									THLY AVERA	GE -	
98,690 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18,185	98,465	\$	14,312,431.96	\$	145.36	.998			\$	145.02
COMM HOSP INPATIENT TOTAL	1,411	4,647		12,177,028.42		2620.41	.047		8630.07		123.39
HSC HOSPITALS	113	836		1,313,680.49		1571.39	.008		11625.49		13.31
NON-HSC HOSPITALS TOTAL	800	3,811		10,412,571.27		2732.24	.039		13015.71		105.51
ACCOMMODATIONS	793	3,811		3,246,691.47		851.93	.039		4094.19		32.90
ADMINISTRATIVE DAYS	3	3		330.65		110.22	.000		110.22		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	790	3,808		3,246,360.82		852.51	.039		4109.32 8968.56		32.89
ANCILLARIES	799 513	0		7,165,879.80 450,776.66		.00	.000		8968.56		72.61 4.57
INPATIENT CROSSOVERS ALL OTHER INPATIENT	213	0		450,776.66		.00	.000		.00		.00
ADD OTHER INCATTENT	U	U		.00		.00	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	17 <b>,</b> 576	93,818		2,135,403.54		22.76	.951		121.50		21.64
MEDICAL	2,963	5,063		235,318.09		46.48	.051		79.42		2.38
SURGERY	661	761		44,690.72		58.73	.008		67.61		.45
PATHOLOGY	6,744	28 <b>,</b> 689		367,602.67		12.81	.291		54.51		3.72
RADIOLOGY	4,407	6,408		502,049.85		78.35	.065		113.92		5.09
ROOM USE	6,275	8,270		353,011.34		42.69	.084		56.26		3.58
CROSSOVERS/ALL OTH OUTPTNT	8,878	44,627		632,730.87		14.18	.452		71.27		6.41
@STATE HOSPITAL	. 0	. 0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	444	9,706	\$	1,335,583.79	\$	137.60	.098	\$	3008.07	\$	13.53
LEV A-INTERMEDIATE	0	. 0		.00		.00	.000		.00		.00
LEV B-REHAB MD	3	75		9,655.62		128.74	.001		3218.54		.10
LEV B-SUBACUTE FREESTANDING	0	0		1,682.96		.00	.000		.00		.02
LEV B-SUBACUTE HSPTL BASED	0	0		12,790.85		.00	.000		.00		.13
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	441	0 9 <b>,</b> 631		1,311,454.36		136.17	.098		2973.82		13.29
@INTERMEDIATE CARE FACILDD	4	94	\$	16,207.92	Ś	172.42		Ś	4051.98	Ś	.16
ICF DDH	Δ	94	т	16,207.92	т	172.42	.001	Τ.	4051.98	т	.16
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	296	7 <b>,</b> 774	\$	350,743.83	\$	45.12		¢	1184.95	Ś	3.55
HOSPITAL BASED	2 3 0	0	Y	.00	٧	.00	.000	Y	.00	٧	.00
HEMODIALYSIS CENTER	296	7,774		350,743.83		45.12	.079		1184.95		3.55
@REHABILITATION FACILITY		137	\$	2,690.64	\$			Ċ	192.19	Ċ	.03
HOSPITAL BASED	8	66	Y	1,837.43	Ÿ	27.84	.001	Y	229.68	Ÿ	.02
INDEPENDENT FACILITY	6	71		853.21		12.02	.001		142.20		.01
INDEPENDENT FACILITY	1,190	4,364	\$	62,509.32	ċ	14.32		ċ	52.53	ċ	
	1,190 1,173	4,304	P		Ş	14.32	.044	Ş	52.83	Þ	.63
PATHOLOGY				61,971.41		14.39	.044				.63
XO AND OTHERS	17	58	<u> </u>	537.91	<b>^</b>	9.27 112.03	.001	<u> </u>	31.64	<u> </u>	.01
@ORGANIZED OUTPATIENT CLINIC	32,538	58,751	\$	6,581,798.63	\$	112.03	.595	Ş	202.28	\$	66.69
CLINIC	175	632		23,730.76		37.55	.006		135.60		.24
SURGICENTER	111	412		24,525.58		59.53	.004		220.95		.25
HEROIN DETOX CLINIC	1	18		213.11		11.84	.000		213.11		.00
RURAL HEALTH CLINIC	32,331	57 <b>,</b> 689		6,533,329.18		113.25	.585		202.08		66.20
#CALIF DEPT OF HEALTH SERV			JRES N	MONTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2004 THRU	DEC	2004	Р	AGE 5,212
MOP024	FEE-FOR-SERVICE										03/14/05
LAKE COUNTY	SUMMARY OF SERV	JICES FOR PUBLIC	: ASSI	ISTANCE - TOTAL							
							M				
98,690 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	10,940	253 <b>,</b> 888	\$	2,317,270.89	\$	9.13	2.573	\$		\$	23.48
DURABLE MED. EQUIP.	971	2,983		515 <b>,</b> 371.58		172.77	.030		530.76		5.22
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	12	14		8,856.05		632.58	.000		738.00		.09
MEDICAL TRANSPORTATION	1,989	162,982		683,908.08		4.20	1.651		343.85		6.93
AMBULANCES/AIR TRANS	1,989 1,495	21,026		276,874.49		13.17	.213		185.20		2.81
OTHER TRANS	431	140,756		293,563.89		2.09	1.426		681.12		2.97
OTHER SERVICES	178	1,200		113,469.70		94.56	.012		637.47		1.15
ACUPUNCTURE	178 578	1,432		24,387.21		17.03	.015		42.19		.25
ADULT DAY HEALTH CARE CTR	6	132		8,674.18		65.71	.001		1445.70		.09
GENETIC DISEASE TESTING	34	34		3,570.00		105.00	.000		105.00		.04
	1 0 5 0	6 0 5 5		5,5.5.00		00 40	0.01		446.00		

782.75

559,494.30

50,130.88

26,241.07

92.40

13.50

10.10

14.54

.061

.001

.050

.018

446.88

97.84

25.19

122.05

.01

.51

.27

5.67

PHYSICAL THERAPIST

OPTICIAN

IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST

6,055

58

4,961

1,805

1,252

8

1,990

215

PORTABLE X-RAY	3	5	78.06	15.61	.000	26.02	.00
PROSTHETIST/ORTHOTISTS	126	423	48,056.24	113.61	.004	381.40	.49
PROSTHETICS	126	423	48,056.24	113.61	.004	381.40	.49
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	5	27	1,353.22	50.12	.000	270.64	.01
SPEECH AND AUDIOLOGY	297	820	56,781.31	69.25	.008	191.18	.58
HOSPICE SERVICES	33	622	70,868.59	113.94	.006	2147.53	.72
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,635	12,215	132,168.83	10.82	.124	80.84	1.34
EPSDT SUPPLEMENTAL SERVICE	1	4	250.00	62.50	.000	250.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,785	59 <b>,</b> 316	126,298.54	2.13	.601	45.35	1.28
@CALIF. CHILDREN SERVICES*	494	17,234	\$ 1,173,061.10	\$ 68.07	.175	\$ 2374.62	\$ 11.89
@XOVER EXCLUDING STATE HOSP**	10,205	122,050	\$ 1,786,242.82	\$ 14.64	1.237	\$ 175.04	\$ 18.10

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,213 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 LAKE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

							M	TNC	HLY AVERA	.GE	
4,000 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3 <b>,</b> 491	40,048	5	1,532,010.51	\$	38.25	10.012	\$	438.85	\$	383.00
@PHYSICIANS SERVICES	640	2 <b>,</b> 366 \$	\$	48,576.71	\$	20.53	.592	\$	75.90	\$	12.14
OUTPATIENT VISITS	52	84		4,051.10		48.23	.021		77.91		1.01
OFFICE VISITS	30	48		1,429.30		29.78	.012		47.64		.36
HOME VISITS	1	1		34.30		34.30	.000		34.30		.01
EMERGENCY ROOM	23	35		2,587.50		73.93	.009		112.50		.65
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	17	48		2,061.76		42.95	.012		121.28		.52
HOSPITAL VISITS	13	39		1,827.43		46.86	.010		140.57		.46
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	5	9		234.33		26.04	.002		46.87		.06
OPHTHALMOLOGICAL SERVICES	14	15		548.36		36.56	.004		39.17		.14
EXAMINATIONS	14	15		548.36		36.56	.004		39.17		.14
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	6	42		3,693.83		87.95	.011		615.64		.92
PRINCIPAL SURGEON	4	11		3,118.60		283.51	.003		779.65		.78
ASSISTANT SURGEON	1	1		71.85		71.85	.000		71.85		.02
ANESTHESIOLOGIST	2	30		503.38		16.78	.008		251.69		.13
OUTPATIENT SURGERY	15	46		3,521.03		76.54	.012		234.74		.88
PRINCIPAL SURGEON	14	26		3,184.37		122.48	.007		227.46		.80
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	20		336.66		16.83	.005		168.33		.08
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	6	7		202.92		28.99	.002		33.82		.05
RADIOLOGY	41	93		2,781.32		29.91	.023		67.84		.70
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2		43.76		21.88	.001		21.88		.01
OTHER SERVICES/ALL X-OVERS	561	2,029		31,672.63		15.61	.507		56.46		7.92
@PHARMACY	2,740	18,084	\$	718,735.90	\$	39.74	4.521	\$	262.31	\$	179.68
PRESCRIPTION DRUGS	2,698	10,964		685,319.85		62.51	2.741		254.01		171.33

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	52	343		12 <b>,</b> 774.39		37.24	.086	5	245.66		3.19	
OUTPATIENTS	2,649	10,621	6	72,545.46		63.32	2.655	5	253.89		168.14	
MEDICAL SUPPLIES	250	7,120		33,416.05		4.69	1.780	)	133.66		8.35	
@DENTIST	52	203	\$	10,483.50	\$	51.64	.051	. \$	201.61	\$	2.62	
VISITS - DIAGNOSTIC	35	111		1,649.50		14.86	.028	}	47.13		.41	
ORAL SURGERY	3	30		1,440.00		48.00	.008	3	480.00		.36	
DRUGS	0	0		.00		.00	.000	)	.00		.00	
ANESTHESIA	2	2		300.00		150.00	.001	-	150.00		.08	
PERIODONTICS	2	2		236.00		118.00	.001	-	118.00		.06	
ENDODONTICS	4	6		1,191.00		198.50	.002	)	297.75		.30	
RESTORATIVE DENTISTRY	11	31		2,120.00		68.39	.008	3	192.73		.53	
PROSTHETICS	0	0		.00		.00	.000	)	.00		.00	
DENTURES, STAYPLATES	7	23		3,547.00		154.22	.006	5	506.71		.89	
SPACE MAINTAINERS	0	0		.00		.00	.000	)	.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	)	.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	)	.00		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	)	.00		.00	
ALL OTHER SERVICES	0	2CR		.00		.00	.001	.CR	.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR:	ES MONTH-OF	-PAYMENT R	EPORT	FOR JAN	2004 THRU	J DEC	2004	PAG	GE 5,214	
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05	
LAKE COUNTY	SUMMARY OF SERVICES F	OR MN - NO	SOC - AGED	AID	CODE	14 1H 1U	1X					

037E / T O E

----- MONTHLY AVERAGE -----4,000 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @OPTOMETRIST 113 285 5,829.76 20.46 .071 \$ 51.59 \$ 1.46 52.36 52.36 DIAGNOSTIC AND ANC. PROCED 4 4 209.45 .001 .05 102 255 5,070.22 19.88 49.71 EYE APPLIANCES .064 1.27 14 26 550.09 21.16 .007 39.29 OTHER OPTOMETRIC SERVICES 161.69 13.47 23.10 \$ @CHIROPRACTOR 12 .003 \$ VISITS 0 .00 .00 .000 .00 .00 12 161.69 OTHER SERVICES 13.47 .003 23.10 .04 10 15 114.73 7.65 11.47 \$ @PODIATRIST .004 \$ .03 MEDICINE/INJECTIONS 0 0 .00 .00 .000 .00 .00 SURGERY/ANES. 0 .00 .00 .000 .00 .00 0 .00 RADIO./PATHOLOGY .00 .000 .00 .00 OTHER 10 15 114.73 7.65 .004 11.47 .03 22 @HOME HEALTH AGENCY 4 1,551.44 \$ 70.52 .006 \$ 387.86 \$ .39 0 .00 .000 \$ .00 \$ .00 NURSE ANESTHESIST .00 .00 .00 .000 \$ .00 \$ .00 NURSE MIDWIFE .00 \$ PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$ .00 0 0 .00 .00 .000 \$ .00 \$ .00 FAMILY NURSE PRACTITIONER 343,742.17 @TOTAL HOSPITAL 641 4,060 84.67 1.015 \$ 536.26 \$ 85.94 HOSP INPATIENT TOTAL 76 97 275,182.04 2836.93 .024 3620.82 68.80 13 1059.54 6887.00 HSC HOSPITALS 13,774.00 .003 17 206,919.47 NON-HSC HOSPITAL TOTAL 84 2463.33 .021 12171.73 51.73 17 ACCOMMODATIONS 71,476.32 850.91 .021 4204.49 17.87 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 0 0 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM 17 84 71,476.32 850.91 .021 4204.49 17.87 17 .00 7967.24 ANCILLARIES 135,443.15 .000 33.86 INPATIENT CROSSOVERS 57 54,488.57 .00 955.94 13.62 0 .000 Ω Ω .00 .00 .000 .00 .00 ALL OTHER INPATIENT 601 68,560.13 3,963 17.30 .991 114.08 17.14 HOSP OUTPATIENT TOTAL MEDICAL 10 838.05 55.87 83.81 15 .004 .21 240.83 60.21 60.21 SURGERY 4 4 .001 .06 PATHOLOGY 116 1,487.33 12.82 .029 49.58 .37

RADIOLOGY	31	47		3,078.58	65.50	.012	99.31		.77
ROOM USE	20	22		1,023.91	46.54	.006	51.20		.26
CROSSOVERS/ALL OTH OUTPTNT	561	3 <b>,</b> 759		61 <b>,</b> 891.43	16.46	.940	110.32		15.47
@COUNTY HOSPITAL TOTAL	1	2	\$	63.19	\$ 31.60	.001	\$ 63.19	\$	.02
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	1	2		63.19	31.60	.001	63.19		.02
MEDICAL	1	1		27.50	27.50	.000	27.50		.01
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	1	1		35.69	35.69	.000	35.69		.01
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES MOI	NTH-OF-PAYMENT R	EPORT FOR JAN	N 2004 THRU I	DEC 2004	PA	GE 5,215
MOP024	FEE-FOR-SERVICE/D	ENTAL							03/14/05
LAKE COUNTY	SUMMARY OF SERVICE	ES FOR MN - N	o soc ·	- AGED AID	CODE 14 1H 1	LU 1X			
						MC	NTHLY AVERA	.GE -	
4,000 ELIGIBLES	USERS U	NITS OF SERVIC	E	EXPENDITURES	AVERAGE COS	ST UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CAR	E		PER UNIT/DA	AY PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	640	4,058	\$	343,678.98	\$ 84.69	1.015	\$ 537.00	\$	85.92
COMM HOSP INPATIENT TOTAL	76	97		275,182.04	2836.93	.024	3620.82		68.80
HSC HOSPITALS	2	13		13,774.00	1059.54	.003	6887.00		3.44
NON-HSC HOSPITALS TOTAL	17	84		206,919.47	2463.33	.021	12171.73		51.73
ACCOMMODATIONS	17	84		71,476.32	850.91	.021	4204.49		17.87

ADMINISTRATIVE DAYS	U	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	17	84		71,476.32		850.91	.021		4204.49		17.87
ANCILLARIES	17	0		135,443.15		.00	.000		7967.24		33.86
INPATIENT CROSSOVERS	57	0		54,488.57		.00	.000		955.94		13.62
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	600	3 <b>,</b> 961		68,496.94		17.29	.990		114.16		17.12
MEDICAL	9	14		810.55		57.90	.004		90.06		.20
SURGERY	4	4		240.83		60.21	.001		60.21		.06
PATHOLOGY	30	116		1,487.33		12.82	.029		49.58		.37
RADIOLOGY	31	47		3 <b>,</b> 078 <b>.</b> 58		65.50	.012		99.31		.77
ROOM USE	19	21		988.22		47.06	.005		52.01		.25
CROSSOVERS/ALL OTH OUTPTNT	561	3 <b>,</b> 759		61,891.43		16.46	.940		110.32		15.47
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	٧	.00	Ÿ	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	67	1,463	\$	212,499.41	\$	145.25	.366	ċ	3171.63	ċ	53.12
-	0	•	ş		Ą			Ş	.00	Þ	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000				
LEV B-REHAB MD	U	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	Ü	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	67	1,463		212,499.41		145.25	.366		3171.63		53.12
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	432.25	\$	432.25	.000	\$	432.25	\$	.11
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1		432.25		432.25	.000		432.25		.11
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	7	.00	-	.00	.000	т.	.00	т.	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	23	\$	201.04	\$	8.74	.006	Ś	28.72	Ġ	.05
PATHOLOGY	7	23	٧	201.04	Y	8.74	.006	Y	28.72	Y	.05
	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	922	•	Ċ		ć			ċ		Ċ	
@ORGANIZED OUTPATIENT CLINIC		1,564	\$	117,187.33	\$	74.93	.391	Ş	127.10	Ş	29.30
CLINIC	7	15		348.56		23.24	.004		49.79		.09
SURGICENTER	4	4		843.64		210.91	.001		210.91		.21
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	912	1,545		115,995.13		75.08	.386		127.19		29.00
			JRES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU 1	DEC	2004	PF	GE 5,216
	FEE-FOR-SERVICE										03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR MN - N	O SOC	- AGED AID	CODE	E 14 1H 1U	1X				
							Mo	TINC	HLY AVERA	GE -	
4,000 ELIGIBLES	USERS	UNITS OF SERVICE	Œ	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	s c	COST PER		OST PER
		OR DAYS OF CAR	RE		PEF	R UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@ALL OTHER PROVIDERS	459	11,950	\$	72,494.58	\$		2.988		157.94		18.12
DURABLE MED. EQUIP.	6	42	'	1,201.55		28.61	.011		200.26		.30
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	30	9,001		18,854.87		2.09	2.250		628.50		4.71
AMBULANCES/AIR TRANS	15	181		2,318.35		12.81	.045		154.56		.58
OTHER TRANS	14					1.86			1167.57		4.09
		8,791		16,345.96			2.198				
OTHER SERVICES	4	29		190.56		6.57	.007		47.64		.05
ACUPUNCTURE	5	10		173.01		17.30	.003		34.60		.04

ADULT DAY HEALTH CARE CTR	12	165	11,480.70	69.58	.041	956.73	2.87
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	46	175	16,156.16	92.32	.044	351.22	4.04
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	113	271	3,104.79	11.46	.068	27.48	.78
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	31	64	7,759.27	121.24	.016	250.30	1.94
HOSPICE SERVICES	1	2	243.66	121.83	.001	243.66	.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	248	2,220	13,520.57	6.09	.555	54.52	3.38
@CALIF. CHILDREN SERVICES*	1	1	\$ 44.60	\$ 44.60	.000	\$ 44.60	\$ .01
@XOVER EXCLUDING STATE HOSP**	1,156	9,636	\$ 203,789.12	\$ 21.15	2.409	\$ 176.29	\$ 50.95

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,217
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

EINE COUNTY	DOINGING OF DELICE	TOES TON THE NO SOC	DHIND	1110 0000	- 1		
					MON	THLY AVERA	GE
18 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2	14 \$	164.20	\$ 11.73	.778 \$	82.10	\$ 9.12
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF	-PAYMENT REP	ORT FOR JAN	2004 THRU	DEC 2004	PAGE	•
MOP024	FEE-FOR-SERVICE/DENTA	L						0.3	3/14/05

SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

Erite Cookii	DOIMMING OF DELIC	VIOLO IOIC IIIC	DHIND		TITD CODE	~ 1				
						MO	TNC	HLY AVERA	GΕ	
18 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1	13	\$ 150.16	\$	11.55	.722	\$	150.16	\$	8.34
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

LAKE COUNTY

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	13	150.16	11.55	.722	150.16	8.34
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00				
PATHOLOGY	U	U		.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	13	150.16	11.55	.722	150.16	8.34
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	MEDI CAI CEDITCE	•					.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU DE	C 2004	PAGE 5,219
MOP024	FEE-FOR-SERVICE/						03/14/05
MOPUZ4 LAKE COUNTY		DENTAL CES FOR MN - NO SOC	- BLIND	AID CODE			
			- BLIND	AID CODE		THLY AVERA	03/14/05 GE
	SUMMARY OF SERVI		- BLIND  EXPENDITURES	AID CODE	MON		
LAKE COUNTY	SUMMARY OF SERVI	CES FOR MN - NO SOC			MON UNITS/DAYS		GE
LAKE COUNTY	SUMMARY OF SERVI	CES FOR MN - NO SOC UNITS OF SERVICE		AVERAGE COST	MON UNITS/DAYS	COST PER USER	GE COST PER ELIGIBLE
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVI USERS	CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$ 11.55	MON UNITS/DAYS PER ELIG .722 \$	COST PER USER 150.16	GE COST PER ELIGIBLE \$ 8.34
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERVI USERS 1	CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE 13 \$	EXPENDITURES 150.16 .00	AVERAGE COST PER UNIT/DAY \$ 11.55 .00	MON UNITS/DAYS PER ELIG .722 \$ .000	COST PER USER 150.16 .00	GE COST PER ELIGIBLE \$ 8.34
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERVI  USERS  1 0 0	CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0	EXPENDITURES 150.16 .00 .00	AVERAGE COST PER UNIT/DAY \$ 11.55 .00 .00	MON UNITS/DAYS PER ELIG .722 \$ .000 .000	COST PER USER 150.16 .00	GE COST PER ELIGIBLE \$ 8.34 .00 .00
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERVI USERS 1	CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0	EXPENDITURES 150.16 .00 .00	AVERAGE COST PER UNIT/DAY \$ 11.55 .00 .00	MON UNITS/DAYS PER ELIG .722 \$ .000 .000	COST PER USER 150.16 .00 .00	GE COST PER ELIGIBLE \$ 8.34 .00 .00
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERVI  USERS  1 0 0	CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0	EXPENDITURES 150.16 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 11.55 .00 .00 .00	MON UNITS/DAYS PER ELIG .722 \$ .000 .000 .000	COST PER USER 150.16 .00 .00	GE COST PER ELIGIBLE \$ 8.34 .00 .00 .00
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVI  USERS  1 0 0	CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0	150.16 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 11.55 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .722 \$ .000 .000 .000 .000 .000	COST PER USER 150.16 .00 .00 .00	GE COST PER ELIGIBLE \$ 8.34 .00 .00 .00 .00
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERVI  USERS  1 0 0	CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0	EXPENDITURES 150.16 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 11.55 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .722 \$ .000 .000 .000 .000 .000 .000	COST PER USER 150.16 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 8.34 .00 .00 .00 .00 .00 .00
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERVI  USERS  1 0 0	CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0	150.16 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 11.55 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .722 \$ .000 .000 .000 .000 .000 .000 .000	COST PER USER 150.16 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 8.34 .00 .00 .00 .00 .00 .00 .00 .00
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERVI  USERS  1 0 0	CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0	EXPENDITURES  150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 11.55 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .722 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 8.34 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERVI  USERS  1 0 0	CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0	150.16 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 11.55 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .722 \$ .000 .000 .000 .000 .000 .000 .000	COST PER USER 150.16 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 8.34 .00 .00 .00 .00 .00 .00 .00 .00
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERVI  USERS  1 0 0	CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0	EXPENDITURES  150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 11.55 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .722 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 8.34 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERVI  USERS  1 0 0	CES FOR MN - NO SOC UNITS OF SERVICE OR DAYS OF CARE 13 \$ 0	EXPENDITURES  150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 11.55 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .722 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ 8.34 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERVI  USERS  1 0 0	CES FOR MN - NO SOC  UNITS OF SERVICE OR DAYS OF CARE  13 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 11.55 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .722 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ 8.34 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERVI  USERS  1 0 0 0 0 0 0 0 0 0 1 0 0	CES FOR MN - NO SOC  UNITS OF SERVICE OR DAYS OF CARE  13 \$ 0 0 0 0 0 0 0 0 13	150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 11.55 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .722 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .100 .00 .	GE COST PER ELIGIBLE \$ 8.34 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERVI  USERS  1 0 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0	CES FOR MN - NO SOC  UNITS OF SERVICE OR DAYS OF CARE  13 \$ 0 0 0 0 0 0 0 13 0 0	EXPENDITURES  150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 11.55 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .722 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ 8.34 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERVI  USERS  1 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0	CES FOR MN - NO SOC  UNITS OF SERVICE OR DAYS OF CARE  13 \$ 0 0 0 0 0 0 0 13 0 0 0 0 0	EXPENDITURES  150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 11.55 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .722 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ 8.34 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERVI  USERS  1 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0	CES FOR MN - NO SOC  UNITS OF SERVICE OR DAYS OF CARE  13 \$ 0 0 0 0 0 0 13 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 11.55 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .722 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ 8.34 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERVI  USERS  1 0 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0	CES FOR MN - NO SOC  UNITS OF SERVICE OR DAYS OF CARE  13 \$ 0 0 0 0 0 0 0 13 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 11.55 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .722 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ 8.34 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERVI  USERS  1 0 0 0 0 0 0 0 0 0 0 1 0 0 0 0 1 1 0 0 1	CES FOR MN - NO SOC  UNITS OF SERVICE OR DAYS OF CARE  13 \$ 0 0 0 0 0 0 0 13 0 0 0 13	EXPENDITURES  150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 11.55 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .722 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ 8.34 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVI  USERS  1 0 0 0 0 0 0 0 0 0 0 1 0 0 0 1 0 0 0 1 0 0 1 0 0 0 1 0	CES FOR MN - NO SOC  UNITS OF SERVICE OR DAYS OF CARE  13 \$ 0 0 0 0 0 0 0 13 0 13 0 \$	EXPENDITURES  150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 11.55 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .722 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ 8.34 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVI  USERS  1 0 0 0 0 0 0 0 0 0 1 0 0 0 1 0 0 0 0	CES FOR MN - NO SOC  UNITS OF SERVICE OR DAYS OF CARE  13 \$ 0 0 0 0 0 0 0 13 0 0 13 0 5	EXPENDITURES  150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 11.55 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .722 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ 8.34 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVI  USERS  1 0 0 0 0 0 0 0 0 0 1 0 0 0 1 0 0 0 1 0	CES FOR MN - NO SOC  UNITS OF SERVICE OR DAYS OF CARE  13 \$ 0 0 0 0 0 0 0 0 13 0 0 13 0 0 13 0 0 0 0	EXPENDITURES  150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 11.55 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .722 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ 8.34 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	SUMMARY OF SERVI  USERS  1 0 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 1 0	CES FOR MN - NO SOC  UNITS OF SERVICE OR DAYS OF CARE  13	EXPENDITURES  150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 11.55 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .722 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ 8.34 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  18 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVI  USERS  1 0 0 0 0 0 0 0 0 0 1 0 0 0 1 0 0 0 1 0	CES FOR MN - NO SOC  UNITS OF SERVICE OR DAYS OF CARE  13 \$ 0 0 0 0 0 0 0 0 13 0 0 13 0 0 13 0 0 0 0	EXPENDITURES  150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 11.55 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .722 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 150.16 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ 8.34 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	14.04	\$	14.04	.056	\$	14.04	\$	.78
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		14.04		14.04	.056		14.04		.78
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		ES MC	NTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PA	GE 5,220
MOP024	FEE-FOR-SERVICE/DE										03/14/05
LAKE COUNTY	SUMMARY OF SERVICE	ES FOR MN - NC	SOC	- BLIND		AID CODE					
									HLY AVERA	-	
18 ELIGIBLES		NITS OF SERVICE		EXPENDITURES		RAGE COST	,	-	COST PER		OST PER
_	-	OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		LIGIBLE
@ALL OTHER PROVIDERS	0	0	Ş	.00	Ş	.00	.000	Ş	.00	\$	.00
DURABLE MED. EQUIP.	U	0		.00		.00	.000		.00		.00
BLOOD BANK	U	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	0	0		.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	.00	\$ .00	
@XOVER EXCLUDING STATE HOSP**	1	13	\$	150.16	\$ 11.55	.722	\$ 150.16	\$ 8.34	

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,221
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

---- MONTHLY AVERAGE ----AVERAGE COST UNITS/DAYS COST PER 3,422 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 3,339 60,064 Ś 2,391,966.95 \$ 39.82 17.552 \$ 716.37 \$ 699.00 758 2,645 32.43 .773 \$ 113.17 \$ 25.07 @PHYSICIANS SERVICES 85,780.74 239 58.07 OUTPATIENT VISITS 313 13,878.96 44.34 .091 4.06 211 35.37 45.78 OFFICE VISITS 163 7,462.88 .062 2.18 0 0 .00 .00 .000 .00 .00 HOME VISITS 82 EMERGENCY ROOM 96 6,204.60 64.63 .028 75.67 1.81 PREVENTIVE CARE 0 0 .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 OB VISITS/COMPRE PERI OTHER OUTPATIENT 6 6 211.48 35.25 .002 35.25 .06 INPATIENT VISITS 34 157 6,900.03 43.95 .046 202.94 2.02 31 151 43.46 .044 211.67 1.92 HOSPITAL VISITS 6,561.73 1 2 180.50 CRITICAL CARE 180.50 90.25 .001 .05 SNF/ICF/TRANS IP CARE 4 157.80 39.45 .001 39.45 4 .05 OPHTHALMOLOGICAL SERVICES 13 13 488.66 37.59 .004 37.59 .14 488.66 37.59 37.59 EXAMINATIONS 13 13 .004 .14 .00 SERVICES AND MATERIALS Ω Ω .00 .00 .000 .00 6,675.48 205 32.56 .060 303.43 INPATIENT HOSPITAL SURGERY 9 352.68 PRINCIPAL SURGEON 12 3,174.14 264.51 .004 .93 3 3 823.92 ASSISTANT SURGEON 274.64 .001 274.64 .24 ANESTHESIOLOGIST 10 190 2,677.42 14.09 .056 267.74 .78

OUTPATIENT SURGERY	53	145		12,342.85		85.12	.042	232.88		3.61
PRINCIPAL SURGEON	48	56		10,834.48		193.47	.016	225.72		3.17
ASSISTANT SURGEON	1	1		56.22		56.22	.000	56.22		.02
ANESTHESIOLOGIST	10	88		1,452.15		16.50	.026	145.22		.42
DIALYSIS	7	33		2,369.42		71.80	.010	338.49		.69
PATHOLOGY	55	92		2,261.02		24.58	.027	41.11		.66
RADIOLOGY	169	333		13,143.46		39.47	.097	77.77		3.84
PSYCHIATRY	1	1		21.89		21.89	.000	21.89		.01
IMMUNIZATION AND INJECTION	16	228		8,612.65		37.77	.067	538.29		2.52
OTHER SERVICES/ALL X-OVERS	446	1,125		19,086.32		16.97	.329	42.79		5.58
@PHARMACY	2,587	26,242	Ś	1,118,840.77	Ś	42.64	7.669		Ś	326.96
PRESCRIPTION DRUGS	2,557	12,403		1,088,819.63	'	87.79	3.624	425.82		318.18
SNF/ICF	23	239		16,637.06		69.61	.070	723.35		4.86
OUTPATIENTS	2,538	12,164		1,072,182.57		88.14	3.555	422.45		313.32
MEDICAL SUPPLIES	238	13,839		30,021.14		2.17	4.044	126.14		8.77
@DENTIST	83	315	Ś		\$	55.86	.092		Ś	5.14
VISITS - DIAGNOSTIC	48	125	-	2,234.00	7	17.87	.037	46.54	т.	.65
ORAL SURGERY	19	117		5,460.35		46.67	.034	287.39		1.60
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	2	2		200.00		100.00	.001	100.00		.06
PERIODONTICS	1	1		118.00		118.00	.000	118.00		.03
ENDODONTICS	4	5		1,750.00		350.00	.001	437.50		.51
RESTORATIVE DENTISTRY	18	39		3,238.00		83.03	.011	179.89		.95
PROSTHETICS	2	2		30.00		15.00	.001	15.00		.01
DENTURES, STAYPLATES	9	24		4,566.00		190.25	.007	507.33		1.33
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	1	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAI SERVIC	•	DEC N	.00 MONTH-OF-PAYMENT R	EDOD#				D	AGE 5,222
MOP024	FEE-FOR-SERVICE		(E)	TONIII OF TATMENT IN	TI OIVI	TON OAN 2	LOUT THICO DI	10 2004	Τ.	03/14/05
LAKE COUNTY		/ICES FOR MN - NO	200	C - DISABLED 64	6G 6H	6U 6V 6X	8G			03/14/03
LAKE COUNTI	SOMMANT OF SERV	TICES FOR MN NO	, 500	DISABLED 04	00 011	00 00 01	MON	TTHIV AVERA	CF	
3,422 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/1/2	DACE COST	UNITS/DAYS	COST PER	-	COST PER
3,422 EDIGIDDES	OSERS	OR DAYS OF CARE		EXTENDITORES			PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	116	324	ŝ	5,894.62	\$	18.19	.095			1.72
DIAGNOSTIC AND ANC. PROCED	21	22	Y	892.90	٧	40.59	.006	42.52	Y	.26
EYE APPLIANCES	105	283		4,422.96		15.63	.083	42.12		1.29
OTHER OPTOMETRIC SERVICES	14	19		578.76		30.46	.006	41.34		.17
@CHIROPRACTOR	2	9	Ś	61.13	\$	6.79	.003		Ś	.02
VISITS	0	0	Y	.00	Y	.00	.000	.00	Y	.00
OTHER SERVICES	2	9		61.13		6.79	.003	30.57		.02
OTHER SERVICES		9	_	01.13	_	0.79	.003	50.57	_	. U Z

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357.52

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114,041.40

588,620.50

495,562.98

46,472.00

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772.47 \$

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762

58

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@PODIATRIST

OTHER

MEDICINE/INJECTIONS

PEDIATRIC NURSE PRACTITIONER

FAMILY NURSE PRACTITIONER

HOSP INPATIENT TOTAL

SURGERY/ANES.
RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

HSC HOSPITALS

NURSE MIDWIFE

@TOTAL HOSPITAL

NON-HSC HOSPITAL TOTAL	24	130		395,861.99	3045.09	.038	16494.25	115.68
ACCOMMODATIONS	24	130		132,698.46	1020.76	.038	5529.10	38.78
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	24	130		132,698.46	1020.76	.038	5529.10	38.78
ANCILLARIES	24	0		263,163.53	.00	.000	10965.15	76.90
INPATIENT CROSSOVERS	28	0		53,228.99	.00	.000	1901.04	15.55
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	725	4,281		93,057.52	21.74	1.251	128.36	27.19
MEDICAL	102	191		11,144.42	58.35	.056	109.26	3.26
SURGERY	25	25		1,566.04	62.64		62.64	.46
PATHOLOGY	214	914		11,645.40	12.74	.267	54.42	3.40
RADIOLOGY	141	202		17,384.98	86.06	.059	123.30	5.08
ROOM USE	122	178		9,338.32	52.46	.052	76.54	2.73
CROSSOVERS/ALL OTH OUTPINT	480	2,771		41,978.36	15.15	.810	87.45	12.27
@COUNTY HOSPITAL TOTAL	6	24	\$	13,241.95	\$ 551.75	.007	\$ 2206.99	\$ 3.87
CO HOSPITAL INPATIENT TOTAL	1	11		12,760.00	1160.00	.003	12760.00	3.73
HSC HOSPITALS	1	11		12,760.00	1160.00	.003	12760.00	3.73
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	13		481.95	37.07	.004	96.39	.14
MEDICAL	4	4		121.31	30.33		30.33	.04
SURGERY	1	1		115.70	115.70	.000	115.70	.03
PATHOLOGY	1	1		25.10	25.10	.000	25.10	.01
RADIOLOGY	1	2		39.01	19.51	.001	39.01	.01
ROOM USE	5	5		180.83	36.17	.001	36.17	.05
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITU	RES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 5,223
MOP024	FEE-FOR-SERVICE/DENTA							03/14/05
LAKE COUNTY	SUMMARY OF SERVICES I	FOR MN - N	O SOC	- DISABLED 64 6	6G 6H 6U 6V 6X			
						M	OMPUT V AMPDA	CF

----- MONTHLY AVERAGE -----3,422 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 760 4,426 \$ 130.00 1.293 \$ 757.08 \$ 168.14 @COMMUNITY HOSPITAL TOTAL 575,378.55 58 158 3055.72 COMM HOSP INPATIENT TOTAL 482,802.98 .046 8324.19 141.09 28 33,712.00 1204.00 5618.67 HSC HOSPITALS 6 .008 9.85 24 395,861.99 NON-HSC HOSPITALS TOTAL 130 3045.09 .038 16494.25 115.68 1020.76 5529.10 38.78 ACCOMMODATIONS 130 132,698.46 .038 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 0 TRANSITIONAL IP CARE Ω .00 .00 .000 .00 .00 ALL OTHER ACCOM 24 130 132,698.46 1020.76 .038 5529.10 38.78 ANCILLARIES 24 0 263,163.53 .00 10965.15 .000 76.90 INPATIENT CROSSOVERS 28 0 53,228.99 .00 .000 1901.04 15.55 0 0 ALL OTHER INPATIENT .00 .000 .00 .00 .00 COMM HOSP OUTPATIENT TOTAL 723 4,268 92,575.57 21.69 1.247 128.04 27.05 MEDICAL 99 187 11,023.11 58.95 .055 111.34 3.22 24 SURGERY 24 1,450.34 60.43 .007 60.43 .42 213 913 11,620.30 12.73 54.56 3.40 PATHOLOGY .267 140 17,345.97 86.73 .058 123.90 5.07 RADIOLOGY 200 ROOM USE 119 173 9,157.49 52.93 .051 76.95 2.68

CROSSOVERS/ALL OTH OUTPINT		2,771		41,978.36		15.15	.810		87.45		12.27
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	15	417	\$	51,291.57	\$	123.00	.122	\$	3419.44	\$	14.99
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	15	417		51,291.57		123.00	.122		3419.44		14.99
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	Ś	.00	.000	Ś		Ś	.00
ICF DDH	0	0	۲	.00	Υ	.00	.000	۲	.00	7	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	36	102	ċ	51,445.46	\$	504.37		ċ	1429.04	ċ	15.03
HOSPITAL BASED	0	0	ې	.00	۲	.00	.000	۲	.00	۲	.00
	36	102		51,445.46		504.37	.030		1429.04		15.03
HEMODIALYSIS CENTER	0	0	\$		Ċ			Ċ		Ċ	
@REHABILITATION FACILITY	0	•	Ş	.00	\$	.00	.000	Þ	.00	Þ	.00
HOSPITAL BASED	•	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	32	103	Ş	1,651.66	\$	16.04	.030	\$	51.61	Ş	.48
PATHOLOGY	31	100		1,624.06		16.24	.029		52.39		. 47
XO AND OTHERS	1	3		27.60		9.20	.001		27.60		.01
@ORGANIZED OUTPATIENT CLINIC		2,906	\$	240,781.04	\$	82.86	.849	\$	182.69	\$	70.36
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	3	3		606.85		202.28	.001		202.28		.18
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,315	2 <b>,</b> 903		240,174.19		82.73	.848		182.64		70.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC	2004	PP	GE 5,224
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SOC	C - DISABLED 64	6G 6H	I 6U 6V 6X	8G				
							M	TNO	HLY AVERA	GE -	
3,422 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	'S	COST PER		COST PER
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS		OR DAYS OF CARE			PER	R UNIT/DAY	PER ELIC	3	USER	E	CLIGIBLE
@ALL OTHER PROVIDERS	404	19,201	\$	115,287.47	\$	6.00	5.611	\$	285.37	\$	33.69
DURABLE MED. EQUIP.	52	186		48,372.25		260.07	.054		930.24		14.14
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	61	14,069		33,642.30		2.39	4.111		551.51		9.83
AMBULANCES/AIR TRANS	35	477		4,844.25		10.16	.139		138.41		1.42
OTHER TRANS	61 35 20 8	13,532		26,798.34		1.98	3.954		1339.92		7.83
OTHER SERVICES	8	60		1,999.71		33.33	.018		249.96		.58
ACUPUNCTURE	3	10		173.01		17.30	.003		57.67		.05
ADULT DAY HEALTH CARE CTR	3 1	5		347.90		69.58	.003		347.90		.10
CENEMIC DIGENCE MECMING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	2.2	86		10,484.72		121.92	.025		476.58		3.06
OCCUDANTONAL NUMBRARICE	0	0		.00		.00	.023		.00		.00
OCCUPATIONAL THERAPIST	109	275									
OPTICIAN	109	2/3		4,276.69		15.55	.080		39.24		1.25

PHYSICAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

PORTABLE X-RAY

PROSTHETICS

ORTHOTICS

PSYCHOLOGIST

8

1

7

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0

5

95

2

24

24

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11

1,387.96

3,431.25

3,431.25

1,427.86

1.31

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14.61

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.42

HOSPICE SERVICES	4	29		3,512.86	121.13	.008	878.22	1.03
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	12	441		3,115.55	7.06	.129	259.63	.91
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	156	3 <b>,</b> 968		5,113.81	1.29	1.160	32.78	1.49
@CALIF. CHILDREN SERVICES*	13	142	\$	36,205.80	\$ 254.97	.041	\$ 2785.06	\$ 10.58
@XOVER EXCLUDING STATE HOSP**	748	10,618	\$	139,695.52	\$ 13.16	3.103	\$ 186.76	\$ 40.82
0* TOTALS IN THESE LINES ARE CIVEN	I AS A SEDARAT	F INFORMATION	TTEM ONT	.V.				

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PAGE 5,225 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 LAKE COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

					MONTHLY AVERAGE						
57,485 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(	COST PER		
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	]	ELIGIBLE		
@TOTAL, ALL PROVIDERS	29,031	150,560 \$	;	11,563,090.42	\$ 76.80	2.619	398.30	\$	201.15		
@PHYSICIANS SERVICES	7,235	22,355 \$	;	893,145.53	\$ 39.95	.389	123.45	\$	15.54		
OUTPATIENT VISITS	4,304	8 <b>,</b> 516		262,041.21	30.77	.148	60.88		4.56		
OFFICE VISITS	1,445	1,799		59 <b>,</b> 981.97	33.34	.031	41.51		1.04		
HOME VISITS	0	0		.00	.00	.000	.00		.00		
EMERGENCY ROOM	2,492	2,810		155,004.80	55.16	.049	62.20		2.70		
PREVENTIVE CARE	7	8		286.68	35.84	.000	40.95		.00		
OB VISITS/COMPRE PERI	440	3,828		44,528.09	11.63	.067	101.20		.77		
OTHER OUTPATIENT	63	71		2,239.67	31.54	.001	35.55		.04		
INPATIENT VISITS	274	1,285		93,422.47	72.70	.022	340.96		1.63		
HOSPITAL VISITS	261	910		41,773.22	45.90	.016	160.05		.73		
CRITICAL CARE	42	374		51,621.75	138.03	.007	1229.09		.90		
SNF/ICF/TRANS IP CARE	1	1		27.50	27.50	.000	27.50		.00		
OPHTHALMOLOGICAL SERVICES	112	136		5,317.31	39.10	.002	47.48		.09		

EXAMINATIONS	112	136		5,317.31		39.10	.002		47.48		.09
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	336	2,667		167,189.63		62.69	.046		497.59		2.91
PRINCIPAL SURGEON	227	287		127,046.01		442.67	.005		559.67		2.21
ASSISTANT SURGEON	22	22		5,173.89		235.18	.000		235.18		.09
ANESTHESIOLOGIST	139	2,358		34,969.73		14.83	.041		251.58		.61
OUTPATIENT SURGERY	813	2,262		129,322.75		57.17	.039		159.07		2.25
PRINCIPAL SURGEON	687	826		102,196.83		123.72	.014		148.76		1.78
ASSISTANT SURGEON	1	1		46.91		46.91	.000		46.91		.00
ANESTHESIOLOGIST	171	1,435		27,079.01		18.87	.025		158.36		.47
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0 766	1,205		30,559.40		25.36	.021		39.89		.53
RADIOLOGY	2,339	3,730		110,134.44		29.53	.065		47.09		1.92
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	86	733		47,763.95		65.16	.013		555.39		.83
OTHER SERVICES/ALL X-OVERS	730	1,821		47,394.37		26.03	.032		64.92		.82
@PHARMACY	13,475	42,522	\$	1,852,962.69	\$	43.58	.740	\$	137.51	\$	32.23
PRESCRIPTION DRUGS	13 <b>,</b> 371	32 <b>,</b> 830		1,827,287.40		55.66	.571		136.66		31.79
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	13,371	32 <b>,</b> 830		1,827,287.40		55.66	.571		136.66		31.79
MEDICAL SUPPLIES	298	9,692		25,675.29		2.65	.169		86.16		.45
@DENTIST	1,081	5,001	\$	203,799.35	\$	40.75	.087	\$	188.53	\$	3.55
VISITS - DIAGNOSTIC	735	2,699		44,964.13		16.66	.047		61.18		.78
ORAL SURGERY	184	705		39,563.20		56.12	.012		215.02		.69
DRUGS	27	29		600.00		20.69	.001		22.22		.01
ANESTHESIA	35	38		-,		78.95			85.71		.05
PERIODONTICS	4	4		273.12		68.28	.000		68.28		.00
ENDODONTICS	106	208		35,456.75		170.47			334.50		.62
RESTORATIVE DENTISTRY	381	1,140		63,448.15		55.66	.020		166.53		1.10
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	21	86		11,941.00		138.85	.001		568.62		.21
SPACE MAINTAINERS	11	14		1,393.00		99.50	.000		126.64		.02
MAXILLOFACIAL SERVICES	2	2		137.50		68.75	.000		68.75		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	18	27		2,917.50		108.06	.000		162.08		.05
ALL OTHER SERVICES	40	48		75.00		1.56	.001		1.88		.00
#CALIF DEPT OF HEALTH SERV			RES 1	MONTH-OF-PAYMENT F	REPOR	RT FOR JAN	2004 THRU	DEC	2004	PA	GE 5,226
MOP024	FEE-FOR-SERVICE/DEN										03/14/05
LAKE COUNTY	SUMMARY OF SERVICES	S FOR MN-NOSC	C-FA	AM 34 39 3N 3T 3V	54 5	59 5J 5W-5					
57 405 BITGIDID							M		HLY AVERA	GE -	

							M	OIM.	THLY AVERA	ŒĽi	
57,485 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	837	2,303	\$	52,518.61	\$	22.80	.040	\$	62.75	\$	.91
DIAGNOSTIC AND ANC. PROCED	587	592		26,182.15		44.23	.010		44.60		.46
EYE APPLIANCES	630	1,684		25,649.17		15.23	.029		40.71		.45
OTHER OPTOMETRIC SERVICES	26	27		687.29		25.46	.000		26.43		.01
@CHIROPRACTOR	138	200	\$	3,306.38	\$	16.53	.003	\$	23.96	\$	.06
VISITS	137	198		3,272.94		16.53	.003		23.89		.06
OTHER SERVICES	1	2		33.44		16.72	.000		33.44		.00
@PODIATRIST	4	4	\$	179.01	\$	44.75	.000	\$	44.75	\$	.00
MEDICINE/INJECTIONS	1	1		62.41		62.41	.000		62.41		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	3	3		116.60		38.87	.000		38.87		.00
@HOME HEALTH AGENCY	97	368	\$	20,996.05	\$	57.05	.006	\$	216.45	\$	.37
NURSE ANESTHESIST	30	251	\$	4,228.06	\$	16.84	.004	\$	140.94	\$	.07

NURSE MIDWIFE	10	107	\$	2,873.85	\$	26.86	.002	\$ 287.39	\$	.05
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	1	1	\$	75.17	\$		.000			.00
@TOTAL HOSPITAL	7,178	30,246	\$	4,985,177.73	\$	164.82	.526			86.72
HOSP INPATIENT TOTAL	415	1,982		4,217,375.66		2127.84	.034	10162.35		73.36
HSC HOSPITALS	75	701		1,184,354.05		1689.52	.012	15791.39		20.60
NON-HSC HOSPITAL TOTAL	339	1,281		3,027,801.61		2363.62	.022	8931.57		52.67
ACCOMMODATIONS	339	1,281		914,780.25		714.11	.022	2698.47		15.91
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	339	1,281		914,780.25		714.11	.022	2698.47		15.91
ANCILLARIES	339	0		2,113,021.36		.00	.000	6233.10		36.76
INPATIENT CROSSOVERS	6	0		5,220.00		.00	.000	870.00		.09
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	6 <b>,</b> 936	28,264		767,802.07		27.17	.492	110.70		13.36
MEDICAL	1,262	2,052		79,370.53		38.68	.036	62.89		1.38
SURGERY	402	505		24,758.85		49.03	.009	61.59		.43
PATHOLOGY	3 <b>,</b> 259	12,487		166,202.61		13.31	.217	51.00		2.89
RADIOLOGY	2,235	3,028		225,644.07		74.52	.053	100.96		3.93
ROOM USE	3,402	4,346		185,331.16		42.64	.076	54.48		3.22
CROSSOVERS/ALL OTH OUTPINT	2,252	5,846		86,494.85		14.80	.102	38.41		1.50
@COUNTY HOSPITAL TOTAL	13	54	\$	3,075.20	\$	56.95	.001	\$ 236.55	\$	.05
CO HOSPITAL INPATIENT TOTAL	1	1		1,200.01		1200.01	.000	1200.01		.02
HSC HOSPITALS	1	1		1,200.01		1200.01	.000	1200.01		.02
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	12	53		1,875.19		35.38	.001	156.27		.03
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	4	6		181.16		30.19	.000	45.29		.00
PATHOLOGY	4	17		469.04		27.59	.000	117.26		.01
RADIOLOGY	1	1		38.54		38.54	.000	38.54		.00
ROOM USE	10	16		813.01		50.81	.000	81.30		.01
CROSSOVERS/ALL OTH OUTPTNT	6	13		373.44		28.73	.000	62.24		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES MO	ONTH-OF-PAYMENT R	EPOR	RT FOR JAN	2004 THRU	DEC 2004	PA	GE 5,227
MOP024	FEE-FOR-SERVICE/DENTA	λL								03/14/05
LAKE COUNTY	SUMMARY OF SERVICES 1	FOR MN-NOS	SOC-FAN	M 34 39 3N 3T 3V	54 5	59 5J 5W-5	Y 6J 7J 7K			

----- MONTHLY AVERAGE -----57,485 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 7,170 @COMMUNITY HOSPITAL TOTAL 30,192 4,982,102.53 \$ 165.01 .525 \$ 694.85 \$ 86.67 COMM HOSP INPATIENT TOTAL 414 1,981 4,216,175.65 2128.31 .034 10184.00 74 700 1,183,154.04 1690.22 15988.57 20.58 HSC HOSPITALS .012 NON-HSC HOSPITALS TOTAL 339 1,281 3,027,801.61 2363.62 .022 8931.57 52.67 339 1,281 714.11 2698.47 15.91 ACCOMMODATIONS 914,780.25 .022 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 .00 .000 0 .00 .00 TRANSITIONAL IP CARE 0 .00 .000 .00 914,780.25 339 1,281 714.11 .022 2698.47 15.91 ALL OTHER ACCOM 339 2,113,021.36 .00 6233.10 36.76 ANCILLARIES 0 .000 0 5,220.00 .00 870.00 .09 INPATIENT CROSSOVERS 6 .000 0 ALL OTHER INPATIENT .00 .00 .000 .00 .00

COMM HOSP OUTPATIENT TOTAL	6,927	28,211		765,926.88		27.15	.491		110.57		13.32
MEDICAL	1,262	2,052		79,370.53		38.68	.036		62.89		1.38
SURGERY	398	499		24,577.69		49.25	.009		61.75		.43
PATHOLOGY	3,256	12,470		165,733.57		13.29	.217		50.90		2.88
RADIOLOGY	2,234	3,027		225,605.53		74.53	.053		100.99		3.92
ROOM USE	3,395	4,330		184,518.15		42.61	.075		54.35		3.21
CROSSOVERS/ALL OTH OUTPTNT	•	5,833		86,121.41		14.76	.101		38.33		1.50
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	4	\$	947.28	\$		.000	\$	947.28	\$	.02
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	4		947.28		236.82	.000		947.28		.02
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	5	111	\$	5,850.94	\$	52.71	.002	\$	1170.19	\$	.10
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	5	111		5,850.94		52.71	.002		1170.19		.10
@REHABILITATION FACILITY	1	2	\$	158.44	\$	79.22	.000	\$	158.44	\$	.00
HOSPITAL BASED	1	2		158.44		79.22	.000		158.44		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	510	1,509	\$	22,935.54	\$	15.20	.026	\$	44.97	\$	.40
PATHOLOGY	508	1,499		22,906.85		15.28	.026		45.09		.40
XO AND OTHERS	2	10		28.69		2.87	.000		14.35		.00
@ORGANIZED OUTPATIENT CLINIC	15,104	25,254	\$	3,255,947.81	\$	128.93	.439	\$	215.57	\$	56.64
CLINIC	151	614		23,925.37		38.97	.011		158.45		.42
SURGICENTER	34	170		6,279.57		36.94	.003		184.69		.11
HEROIN DETOX CLINIC	1	21		240.98		11.48	.000		240.98		.00
RURAL HEALTH CLINIC	14,955	24,449		3,225,501.89		131.93	.425		215.68		56.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES MC		EPOR'	T FOR JAN 2	2004 THRU	DEC	2004	PA	GE 5,228
MOP024	FEE-FOR-SERVICE/DEN	TAL									03/14/05
LAKE COUNTY	SUMMARY OF SERVICES		OC-FAM	1 34 39 3N 3T 3V 5	54 59	9 5J 5W-5Y	6J 7J 7K				

----- MONTHLY AVERAGE -----57,485 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 20,322 @ALL OTHER PROVIDERS 2,383 257,987.98 12.70 .354 \$ 108.26 \$ 4.49 DURABLE MED. EQUIP. 113 226 15,868.15 70.21 .004 140.43 .28 0 0 .00 .00 BLOOD BANK .00 .000 .00 .00 HEARING AID DISPENSERS 0 0 .00 .000 .00 .00 MEDICAL TRANSPORTATION 360 11,529 153,071.51 13.28 .201 425.20 2.66 357 5,768 86,856.12 15.06 .100 243.29 AMBULANCES/AIR TRANS 3 5,729 9,140.39 OTHER TRANS 1.60 .100 3046.80 .16 OTHER SERVICES 32 32 57,075.00 1783.59 .001 1783.59 .99 138 17.08 44.48 ACUPUNCTURE 2,357.27 .002 .04 0 ADULT DAY HEALTH CARE CTR 0 .000 .00 .00 .00 .00 .11 GENETIC DISEASE TESTING 59 59 6,195.00 105.00 .001 105.00 157.59 472.78 6 18 2,836.70 .000 .05 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 1,279 OPTICIAN 560 11,753.26 9.19 .022 20.99 .20 PHYSICAL THERAPIST 761 11,429.83 15.02 .013 131.38 .20

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	44	84	10,031.48	119.42	.001	227.99	.17
PROSTHETICS	43	83	9,991.93	120.38	.001	232.37	.17
ORTHOTICS	1	1	39.55	39.55	.000	39.55	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	18	57	2,295.22	40.27	.001	127.51	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,013	2,967	38,257.66	12.89	.052	37.77	.67
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	117	3,204	3,891.90	1.21	.056	33.26	.07
@CALIF. CHILDREN SERVICES*	168	4,478	\$ 920,721.52	\$ 205.61	.078	\$ 5480.49	\$ 16.02
@XOVER EXCLUDING STATE HOSP**	160	2,381	\$ 18,612.76	\$ 7.82	.041	\$ 116.33	\$ .32

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,229
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

LAKE COUNTY	SUMMARY OF SER	VICES FOR MN - NO SO	C = TOTAL				
					MON	THLY AVERA	GE
64,925 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	35 <b>,</b> 863	250 <b>,</b> 686 \$	15,487,232.08	\$ 61.78	3.861 \$	431.84	\$ 238.54
@PHYSICIANS SERVICES	8,633	27 <b>,</b> 366 \$	1,027,502.98	\$ 37.55	.422 \$	119.02	\$ 15.83
OUTPATIENT VISITS	4,595	8 <b>,</b> 913	279 <b>,</b> 971.27	31.41	.137	60.93	4.31
OFFICE VISITS	1,638	2,058	68,874.15	33.47	.032	42.05	1.06
HOME VISITS	1	1	34.30	34.30	.000	34.30	.00
EMERGENCY ROOM	2,597	2,941	163,796.90	55.69	.045	63.07	2.52
PREVENTIVE CARE	7	8	286.68	35.84	.000	40.95	.00
OB VISITS/COMPRE PERI	440	3,828	44,528.09	11.63	.059	101.20	.69
OTHER OUTPATIENT	69	77	2,451.15	31.83	.001	35.52	.04
INPATIENT VISITS	325	1,490	102,384.26	68.71	.023	315.03	1.58
HOSPITAL VISITS	305	1,100	50,162.38	45.60	.017	164.47	.77
CRITICAL CARE	43	376	51,802.25	137.77	.006	1204.70	.80
SNF/ICF/TRANS IP CARE	10	14	419.63	29.97	.000	41.96	.01
OPHTHALMOLOGICAL SERVICES	139	164	6,354.33	38.75	.003	45.71	.10
EXAMINATIONS	139	164	6,354.33	38.75	.003	45.71	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	364	2,914	177,558.94	60.93	.045	487.80	2.73
PRINCIPAL SURGEON	240	310	133,338.75	430.13	.005	555.58	2.05
ASSISTANT SURGEON	26	26	6,069.66	233.45	.000	233.45	.09
ANESTHESIOLOGIST	151	2 <b>,</b> 578	38,150.53	14.80	.040	252.65	.59
OUTPATIENT SURGERY	881	2,453	145,186.63	59.19	.038	164.80	2.24
PRINCIPAL SURGEON	749	908	116,215.68	127.99	.014	155.16	1.79
ASSISTANT SURGEON	2	2	103.13	51.57	.000	51.57	.00
ANESTHESIOLOGIST	183	1,543	28 <b>,</b> 867.82	18.71	.024	157.75	. 44
DIALYSIS	7	33	2,369.42	71.80	.001	338.49	.04
PATHOLOGY	827	1,304	33,023.34	25.32	.020	39.93	.51
RADIOLOGY	2,549	4,156	126,059.22	30.33	.064	49.45	1.94
PSYCHIATRY	1	1	21.89	21.89	.000	21.89	.00
IMMUNIZATION AND INJECTION	104	963	56,420.36	58.59	.015	542.50	.87
OTHER SERVICES/ALL X-OVERS	1,737	4,975	98,153.32	19.73	.077	56.51	1.51
@PHARMACY	18,802	86,848 \$	3,690,539.36	\$ 42.49	1.338 \$	196.28	\$ 56.84
PRESCRIPTION DRUGS	18,626	56 <b>,</b> 197	3,601,426.88	64.09	.866	193.35	55.47

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	75	582	29,411.45	50.54	.009	392.15	.45
OUTPATIENTS	18,558	55,615	3,572,015.43	64.23	.857	192.48	55.02
MEDICAL SUPPLIES	786	30,651	89,112.48	2.91	.472	113.37	1.37
@DENTIST	1,216	5 <b>,</b> 519 \$	231,879.20	\$ 42.01	.085	\$ 190.69	\$ 3.57
VISITS - DIAGNOSTIC	818	2,935	48,847.63	16.64	.045	59.72	.75
ORAL SURGERY	206	852	46,463.55	54.53	.013	225.55	.72
DRUGS	27	29	600.00	20.69	.000	22.22	.01
ANESTHESIA	39	42	3,500.00	83.33	.001	89.74	.05
PERIODONTICS	7	7	627.12	89.59	.000	89.59	.01
ENDODONTICS	114	219	38,397.75	175.33	.003	336.82	.59
RESTORATIVE DENTISTRY	410	1,210	68,806.15	56.86	.019	167.82	1.06
PROSTHETICS	3	3	60.00	20.00	.000	20.00	.00
DENTURES, STAYPLATES	37	133	20,054.00	150.78	.002	542.00	.31
SPACE MAINTAINERS	11	14	1,393.00	99.50	.000	126.64	.02
MAXILLOFACIAL SERVICES	2	2	137.50	68.75	.000	68.75	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	18	27	2,917.50	108.06	.000	162.08	.04
ALL OTHER SERVICES	41	46	75.00	1.63	.001	1.83	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 20	004 THRU D	EC 2004	PAGE 5,230
MOP024	FEE-FOR-SERVICE/	DENTAL					03/14/05
LAKE COUNTY	SUMMARY OF SERVI	CES FOR MN - NO SO	C - TOTAL				
				-	MO	NTHLY AVERAG	E
64,925 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST (	UNITS/DAYS	COST PER	COST PER
		OD DAVIG OD GADE		DDD IMITE /DAM	DED DITC	HODD	DITCIDID

						MON	IITLI AVEKA	UL	
64,925 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	1,066	2,912	\$	64,242.99	\$ 22.06	.045 \$	60.27	\$	.99
DIAGNOSTIC AND ANC. PROCED	612	618		27,284.50	44.15	.010	44.58		.42
EYE APPLIANCES	837	2,222		35,142.35	15.82	.034	41.99		.54
OTHER OPTOMETRIC SERVICES	54	72		1,816.14	25.22	.001	33.63		.03
@CHIROPRACTOR	147	221	\$	3,529.20	\$ 15.97	.003 \$	24.01	\$	.05
VISITS	137	198		3,272.94	16.53	.003	23.89		.05
OTHER SERVICES	10	23		256.26	11.14	.000	25.63		.00
@PODIATRIST	26	36	\$	651.26	\$ 18.09	.001 \$	25.05	\$	.01

MEDICINE/INJECTIONS	1	1	62.41	62.41	.000	62.41	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	25	35	588.85	16.82	.001	23.55	.01
@HOME HEALTH AGENCY	136	3,704 \$	136,588.89		.057 \$	1004.33	
NURSE ANESTHESIST	32	270 \$	4,544.78	\$ 16.83	.004 \$		\$ .07
NURSE MIDWIFE	10	107 \$	2,873.85	\$ 26.86	.002 \$		\$ .04
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		
FAMILY NURSE PRACTITIONER	1	1 \$		\$ 75.17	.000 \$		
@TOTAL HOSPITAL	8,582	38 <b>,</b> 769 \$		\$ 152.64	.597 \$		
HOSP INPATIENT TOTAL	549	2,248	4,988,120.68	2218.91	.035	9085.83	76.83
HSC HOSPITALS	84	753	1,244,600.05	1652.86	.012	14816.67	19.17
NON-HSC HOSPITAL TOTAL	380	1,495	3,630,583.07	2428.48	.023	9554.17	55.92
ACCOMMODATIONS	380	1,495	1,118,955.03	748.46	.023	2944.62	17.23
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	380	1,495	1,118,955.03	748.46	.023	2944.62	17.23
ANCILLARIES	380	0	2,511,628.04	.00	.000	6609.55	38.69
INPATIENT CROSSOVERS	91	0	112,937.56	.00	.000	1241.07	1.74
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8,263	36,521	929,569.88	25.45	.563	112.50	14.32
MEDICAL	1,374	2,258	91,353.00	40.46	.035	66.49	1.41
SURGERY	431	534	26,565.72	49.75	.008	61.64	.41
PATHOLOGY	3,503	13,517	179,335.34	13.27	.208	51.19	2.76
RADIOLOGY	2,407	3,277	246,107.63	75.10	.050	102.25	3.79
ROOM USE	3,544	4,546	195,693.39	43.05 15.38	.070	55.22	3.01
CROSSOVERS/ALL OTH OUTPTNT	3,294	12,389	190,514.80	15.38	.191	57.84	2.93
@COUNTY HOSPITAL TOTAL	20	80 \$		\$ 204.75		819.02	
CO HOSPITAL INPATIENT TOTAL	2 2	12	13,960.01	1163.33	.000	6980.01	.22
HSC HOSPITALS	2	12 0	13,960.01	1163.33	.000	6980.01	.22
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	18	68	2,420.33	35.59	.001	134.46	.04
MEDICAL	5	5	148.81	29.76	.000	29.76	.00
SURGERY	5	7	296.86	42.41	.000	59.37	.00
PATHOLOGY	5	18	494.14	27.45	.000	98.83	.01
RADIOLOGY	2	3	77.55	25.85	.000	38.78	.00
ROOM USE	16	22	1,029.53	46.80	.000	64.35	.02
CROSSOVERS/ALL OTH OUTPTNT	6	13	373.44	28.73	.000	62.24	.01
	MEDI-CAL SERVIC	ES AND EXPENDITURES N					PAGE 5,231
MOP024	FEE-FOR-SERVICE						03/14/05
LAKE COUNTY		ICES FOR MN - NO SO	C - TOTAL				
					MON	THLY AVERA	GE
64,925 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8,571	38 <b>,</b> 689 \$	5,901,310.22	\$ 152.53	.596 \$	688.52	\$ 90.89
COMM HOSP INPATIENT TOTAL	548	2,236	4,974,160.67	2224.58	.034	9076.94	76.61
HSC HOSPITALS	82	741	1,230,640.04	1660.78	.011	15007.81	18.95
NON-HSC HOSPITALS TOTAL	380	1,495	3,630,583.07	2428.48	.023	9554.17	55.92
ACCOMMODATIONS	380	1,495	1,118,955.03	748.46	.023	2944.62	17.23

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	380	1,495		1,118,955.03		748.46	.023		2944.62		17.23
ANCILLARIES	380	0		2,511,628.04		.00	.000		6609.55		38.69
INPATIENT CROSSOVERS	91	0		112,937.56		.00	.000		1241.07		1.74
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	8,251	36,453		927,149.55		25.43	.561		112.37		14.28
MEDICAL	1,370	2,253		91,204.19		40.48	.035		66.57		1.40
SURGERY	426	527		26,268.86		49.85	.008		61.66		.40
PATHOLOGY	3,499	13,499		178,841.20		13.25	.208		51.11		2.75
RADIOLOGY	2,405	3,274		246,030.08		75.15	.050		102.30		3.79
ROOM USE	3,533	4,524		194,663.86		43.03	.070		55.10		3.00
CROSSOVERS/ALL OTH OUTPINT		12,376		190,141.36		15.36	.191		57.81		2.93
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	83	1,884	\$	264,738.26	\$	140.52	.029	\$	3189.62	\$	4.08
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	83	1,884		264,738.26		140.52	.029		3189.62		4.08
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	42	214	\$	57 <b>,</b> 728.65	\$	269.76	.003	\$	1374.49	\$	.89
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	42	214		57 <b>,</b> 728.65		269.76	.003		1374.49		.89
@REHABILITATION FACILITY	1	2	\$	158.44	\$	79.22		\$	158.44	\$	.00
HOSPITAL BASED	1	2		158.44		79.22	.000		158.44		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	549	1,635	\$	24,788.24	\$	15.16	.025	\$	45.15	Ş	.38
PATHOLOGY	546	1,622		24,731.95		15.25	.025		45.30		.38
XO AND OTHERS	3	13		56.29		4.33	.000		18.76		.00
@ORGANIZED OUTPATIENT CLINIC	17,345	29,725	\$	3,613,930.22	\$	121.58	.458	Ş	208.36	Ş	55.66
CLINIC	158	629		24,273.93		38.59	.010		153.63		.37
SURGICENTER	41	177		7,730.06		43.67	.003		188.54		.12
HEROIN DETOX CLINIC	17.100	21		240.98		11.48	.000		240.98		.00
RURAL HEALTH CLINIC	17,183	28,898		3,581,685.25		123.94	.445	550	208.44	_	55.17
#CALIF DEPT OF HEALTH SERV			JRES M	ONTH-OF-PAYMENT R	EPOR'.	I FOR JAN	2004 THRU	DEC	2004	Ρ.	AGE 5,232
MOP024	FEE-FOR-SERVICE			EOE AT							03/14/05
LAKE COUNTY	SUMMARY OF SERV	VICES FOR MN - N	NO SOC	- TOTAL			1.	TONTH	III	CE	
CA OSE ELICIDIES	HOEDO	INTER OF CERTIF	20	EXPENDITURES	7. 7. 7.	ERAGE COST			HLY AVERA	-	
64,925 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITORES					COST PER		COST PER
GALL OWNED DROWINEDG	3,246	OR DAYS OF CAR		115 770 03		R UNIT/DAY			USER 137.33		ELIGIBLE 6.87
@ALL OTHER PROVIDERS	•	51,473	\$	445,770.03 65,441.95	\$	8.66 144.15	.793	\$	382.70	Ş	1.01
DURABLE MED. EQUIP.	171 0	454		•			.007		.00		
BLOOD BANK HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	451	34 <b>,</b> 599		205,568.68		5.94	.533		455.81		3.17
AMBULANCES/AIR TRANS	407	6,426		94,018.72		14.63	.099		231.00		1.45
OTHER TRANS	37	28,052		52,284.69		1.86	.432		1413.10		.81
OTHER SERVICES	44	121		59,265.27		489.80	.002		1346.94		.91
ACUPUNCTURE	61	158		2,703.29		17.11	.002		44.32		.04
11001 0110101111	0.1	190		2,703.23		± / • ± ±	•002		11.02		• • •

ADULT DAY HEALTH CARE CTR	13	170	11 <b>,</b> 828.60	69.58	.003	909.89	.18
GENETIC DISEASE TESTING	59	59	6,195.00	105.00	.001	105.00	.10
IHMC, MODEL-NF, NF, AIDS, MSSP	74	279	29,477.58	105.65	.004	398.35	.45
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	782	1,825	19,134.74	10.48	.028	24.47	.29
PHYSICAL THERAPIST	95	856	12,817.79	14.97	.013	134.92	.20
PORTABLE X-RAY	1	2	1.31	.66	.000	1.31	.00
PROSTHETIST/ORTHOTISTS	51	108	13,462.73	124.65	.002	263.98	.21
PROSTHETICS	50	107	13,423.18	125.45	.002	268.46	.21
ORTHOTICS	1	1	39.55	39.55	.000	39.55	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	54	132	11,482.35	86.99	.002	212.64	.18
HOSPICE SERVICES	5	31	3 <b>,</b> 756.52	121.18	.000	751.30	.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,025	3,408	41,373.21	12.14	.052	40.36	.64
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	521	9,392	22,526.28	2.40	.145	43.24	.35
@CALIF. CHILDREN SERVICES*	182	4,621	\$ 956 <b>,</b> 971.92	\$ 207.09	.071	\$ 5258.09	\$ 14.74
@XOVER EXCLUDING STATE HOSP**	2,065	22,648	\$ 362 <b>,</b> 247.56	\$ 15.99	.349	\$ 175.42	\$ 5.58

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,233
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

LINE COUNT	DOINGING OF DELL	WICES FOR THE SOC II	CDD	TITE CODE I			
					MON	THLY AVERA	GE
108 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	163	1,940 \$	186,290.98	\$ 96.03	17.963 \$	1142.89	\$ 1724.92
@PHYSICIANS SERVICES	28	297 \$	1,842.06	\$ 6.20	2.750 \$	65.79	\$ 17.06
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	28	297		1,842.06		6.20	2.750		65.79		17.06
@PHARMACY	79	429	Ş	29,186.98	\$	68.03	3.972	\$	369.46	\$	270.25
PRESCRIPTION DRUGS	76	426		29,064.54		68.23	3.944		382.43		269.12
SNF/ICF	34	279		15,102.54		54.13	2.583		444.19		139.84
OUTPATIENTS	42	147		13,962.00		94.98	1.361		332.43		129.28
MEDICAL SUPPLIES	3	3		122.44		40.81	.028		40.81		1.13
@DENTIST	4	19	\$	425.00	\$	22.37	.176	\$	106.25	\$	3.94
VISITS - DIAGNOSTIC	2	11		.00		.00	.102		.00		.00
ORAL SURGERY	1	1		.00		.00	.009		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		260.00	2	60.00	.009		260.00		2.41
RESTORATIVE DENTISTRY	2	6		165.00		27.50	.056		82.50		1.53
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-	OF-PAYMENT RE	EPORT F	OR JAN	2004 THRU	DEC	2004	PA	GE 5,234
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 108 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 106.22 \$ 17.70 @OPTOMETRIST .056 \$ 53.11 \$ .98 6 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 .000 EYE APPLIANCES 106.22 17.70 .056 53.11 .98 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .00 \$ .00 .000 \$ .00 \$ @CHIROPRACTOR .00 VISITS 0 .00 .000 .00 .00 .00 .000 .00 OTHER SERVICES 0 .00 166.11 \$ 27.69 .056 \$ 41.53 \$ @PODIATRIST .00 .00 .00 .000 .00 MEDICINE/INJECTIONS .00 SURGERY/ANES. .00 .000 .00 .00 0 .00 RADIO./PATHOLOGY .00 .00 .000 .00 OTHER 6 166.11 27.69 .056 41.53 1.54 0 .00 \$ .00 .00 @HOME HEALTH AGENCY .000 \$ .00 \$ .00 \$ .00 .00 \$ .000 \$ NURSE ANESTHESIST .00 NURSE MIDWIFE 0 .00 \$ .000 \$ .00 \$ .00 0 \$ .00 .00 PEDIATRIC NURSE PRACTITIONER .00 \$ .000 \$ .00 \$ FAMILY NURSE PRACTITIONER 0 .00 \$ .00 .000 \$ .00 \$ \$ 350.68 28 1.722 \$ 2329.52 \$ @TOTAL HOSPITAL 186 65,226.52 603.95 HOSP INPATIENT TOTAL 27 60,901.31 2255.60 .250 6766.81 563.90 11 HSC HOSPITALS 16,305.00 1482.27 .102 16305.00 37,231.91 2326.99 18615.96 NON-HSC HOSPITAL TOTAL 16 .148 344.74 .148 ACCOMMODATIONS 16 10,509.53 656.85 5254.77 97.31 .000 .00 .00 ADMINISTRATIVE DAYS 0 .00 TRANSITIONAL IP CARE 0 .00 .000 .00 .00 656.85 10,509.53 ALL OTHER ACCOM 16 .148 5254.77 97.31 ANCILLARIES 26,722.38 .00 .000 13361.19 247.43

SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

LAKE COUNTY

INPATIENT CROSSOVERS	6	0		7,364.40		.00	.000		1227.40		68.19
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	21	159		4,325.21		27.20	1.472		205.96		40.05
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	4		28.13		7.03	.037		28.13		.26
RADIOLOGY	1	2		34.90		17.45	.019		34.90		.32
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	20	153		4,262.18		27.86	1.417		213.11		39.46
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	YPENDITU	JRES MONTH-	OF-PAYMENT RI	EPORT I	FOR JAN	2004 THRU	DEC	2004	PAG	<b>,</b>
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	MN - S	SOC - AGED		AID	CODE 1	7 1Y				
							M	ONT	HLY AVERA	GE	

108 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE	5		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28	186	\$	65,226.52	\$	350.68			2329.52	\$	603.95
COMM HOSP INPATIENT TOTAL	9	27		60,901.31		2255.60	.250	·	6766.81		563.90
HSC HOSPITALS	1	11		16,305.00		1482.27	.102		16305.00		150.97
NON-HSC HOSPITALS TOTAL	2	16		37,231.91		2326.99	.148		18615.96		344.74
ACCOMMODATIONS	2	16		10,509.53		656.85	.148		5254.77		97.31
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	16		10,509.53		656.85	.148		5254.77		97.31
ANCILLARIES	2	0		26,722.38		.00	.000		13361.19		247.43
INPATIENT CROSSOVERS	6	0		7,364.40		.00	.000		1227.40		68.19
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	21	159		4,325.21		27.20	1.472		205.96		40.05
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	4		28.13		7.03	.037		28.13		.26
RADIOLOGY	1	2		34.90		17.45	.019		34.90		.32
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	20	153		4,262.18		27.86	1.417		213.11		39.46
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	Ψ.	.00	Ψ.	.00	.000	۲	.00	۲	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	38	701	\$	79,876.02	\$	113.95	6.491	\$	2102.00	Ś	739.59
LEV A-INTERMEDIATE	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	38	701		79,876.02		113.95	6.491		2102.00		739.59
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00		\$	.00	Ċ	.00
ICF DDH	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$		\$	.00
PATHOLOGY	0	0	Ψ.	.00	Ψ.	.00	.000	۲	.00	۲	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	20	47	\$	2,645.64	\$	56.29		\$	132.28	\$	24.50
CLINIC	0	0	т	.00	Τ.	.00	.000	т	.00	Τ.	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC		47		2,645.64							
				MONTH-OF-PAYMENT RE							
MOP024	FEE-FOR-SERVICE					i i oit oiit z	.001 111110	DLO	2001		03/14/05
			)C. –	AGED	Α-	ID CODE 17	1 Y				00, 11, 00
							M	ONT	HLY AVERA	GE	
108 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVI						
		OR DAYS OF CARE				R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	11	249		6,816.43					619.68		
DURABLE MED. EQUIP.	0	0	•	.00		.00	.000		.00		.00
BLOOD BANK	Ō	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	182	1,052.84	5.78	1.685	210.57	9.75
AMBULANCES/AIR TRANS	3	165	968.96	5.87	1.528	322.99	8.97
OTHER TRANS	3	9	45.13	5.01	.083	15.04	.42
OTHER SERVICES	2	8	38.75	4.84	.074	19.38	.36
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	21	1,471.62	70.08	.194	1471.62	13.63
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	2	11	1,618.35	147.12	.102	809.18	14.98
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	5	51.02	10.20	.046	25.51	.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	30	2,622.60	87.42	.278	2622.60	24.28
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	60	464	\$ 23,051.46	\$ 49.68	4.296	\$ 384.19	\$ 213.44

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IND02 BIIIII INC INCEODED I	., 1110 11111(011(11111 D111111 D111110 1100) 1.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,237
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27	

SUMMAKI OF SEK	ATCES FOR MIN - 20	C - PLIN	ט	AID CODE	21		
					MOI	NTHLY AVERA	GE
USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE	Ξ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
		USERS UNITS OF SERVICE		USERS UNITS OF SERVICE OR DAYS OF CARE  0	USERS UNITS OF SERVICE OR DAYS OF CARE  PER UNIT/DAY  OR O	USERS	USERS

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	Ö		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
	0	0									
PATHOLOGY	•	U		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
	0		Ċ		\$			ċ		Ċ	
@DENTIST			\$	.00	Þ	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
	0	0									
SPACE MAINTAINERS	•	U		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
						0.0	000		0.0		.00
FRACTURES, DISLOCATIONS	0	U		.00		.00	.000		.00		
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
	•	0 0									
ORTHODONTIC SERVICES	0	•	S MONTH-O	.00	PORT	.00	.000	DEC	.00	P <i>I</i>	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 0 MEDI-CAL SERVIC	0 ES AND EXPENDITURE	S MONTH-O	.00	PORT	.00	.000	DEC	.00	P <i>P</i>	.00 .00 AGE 5,238
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 ES AND EXPENDITURE DENTAL		.00	PORT	.00 .00 FOR JAN 2	.000 .000 2004 THRU	DEC	.00	P <i>P</i>	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 ES AND EXPENDITURE		.00	PORT	.00	.000 .000 2004 THRU		.00 .00 2004		.00 .00 AGE 5,238
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	0 ES AND EXPENDITURE DENTAL ICES FOR MN - SOC	- BLIND	.00 .00 F-PAYMENT RE		.00 .00 FOR JAN 2	.000 .000 2004 THRU 27	IONT	.00 .00 2004 HLY AVERA	GE -	.00 .00 AGE 5,238 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 ES AND EXPENDITURE DENTAL ICES FOR MN - SOC UNITS OF SERVICE	- BLIND	.00	AVE	.00 .00 FOR JAN 2 AID CODE RAGE COST	.000 .000 2004 THRU 27 M UNITS/DAY	IONTI	.00 .00 2004 HLY AVERA	GE -	.00 .00 AGE 5,238 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  00 ELIGIBLES	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 ES AND EXPENDITURE DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE	- BLIND	.00 .00 F-PAYMENT RE	AVE: PER	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG	IONTI	.00 .00 2004 HLY AVERA COST PER USER	GE - C E	.00 .00 AGE 5,238 03/14/05 COST PER
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ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	USERS  0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0	O ES AND EXPENDITURE /DENTAL ICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE  O O O O O	- BLIND	.00 .00 F-PAYMENT RE PENDITURES .00 .00	AVE: PER	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000	IONTI	.00 .00 2004 HLY AVERA COST PER USER .00 .00	GE - C E	.00 .00 AGE 5,238 03/14/05 COST PER CLIGIBLE .00 .00
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ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	USERS  0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0	O ES AND EXPENDITURE /DENTAL ICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O	- BLIND EX \$	.00 .00 F-PAYMENT RE PENDITURES .00 .00 .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000	IONTI S ( ;	.00 .00 2004 HLY AVERA COST PER USER .00 .00 .00 .00	GE - ( E \$	.00 .00 .00 .05 .03/14/05 .00 .00 .00 .00 .00 .00 .00
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ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	O O O O O O O O O O O O O O O O O O O	O ES AND EXPENDITURE /DENTAL ICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	- BLIND EX \$	.00 .00 F-PAYMENT RE PENDITURES .00 .00 .00 .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	IONTI	.00 .00 2004 HLY AVERA COST PER USER .00 .00 .00 .00	GE - ( E \$	.00 .00 .00 .05 .03/14/05 .00 .00 .00 .00 .00 .00 .00 .00 .00
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ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	USERS  O O O MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  O O O O O O O O O O O O O O O O O O	O O O O O O O O O O O O O O O O O O O	- BLIND EX \$	.00 .00 F-PAYMENT RE PENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONTI	.00 .00 2004 HLY AVERAL COST PER USER .00 .00 .00 .00 .00	GE - ( E \$	.00 .00 .00 .05 .05 .05 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  00 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	USERS  O O O MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  O O O O O O O O O O O O O O O O O O	O CES AND EXPENDITURE / DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	- BLIND EX \$ \$	.00 .00 F-PAYMENT RE PENDITURES .00 .00 .00 .00 .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S S	.00 .00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	GE - F \$ \$	.00 .00 .00 .05 .05 .05 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	USERS  USERS  0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O CES AND EXPENDITURE / DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	- BLIND EX \$ \$	.00 .00 F-PAYMENT RE PENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE: PER \$ \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI	.00 .00 2004 HLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE - C F \$ \$ \$	.00 .00 .00 .00 .05 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	USERS  O O O MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  O O O O O O O O O O O O O O O O O O	O CES AND EXPENDITURE / DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	- BLIND EX \$ \$ \$	.00 .00 F-PAYMENT RE PENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	CONTI	.00 .00 2004 HLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - CE + S + S + S + S + S + S + S + S + S +	.00 .00 .00 .00 .05 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O CES AND EXPENDITURE / DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	- BLIND EX \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	.00 .00 F-PAYMENT RE PENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE: PER \$ \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI	.00 .00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - C F	.00 .00 .00 .00 .05 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	USERS  O O O MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  O O O O O O O O O O O O O O O O O O	O CES AND EXPENDITURE / DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	- BLIND EX \$ \$ \$	.00 .00 F-PAYMENT RE PENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE: PER \$ \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	CONTI	.00 .00 2004 HLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - C F	.00 .00 .00 .00 .05 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	USERS  O O O MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  O O O O O O O O O O O O O O O O O O	O CES AND EXPENDITURE / DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	- BLIND EX \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	.00 .00 F-PAYMENT RE PENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE: PER \$ \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2004 THRU 27 	ONT; ; ; ; ; ;	.00 .00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - C F	.00 .00 .00 .00 .05 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  00 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O CES AND EXPENDITURE / DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	- BLIND EX \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	.00 .00 F-PAYMENT RE PENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE: PER \$ \$ \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2004 THRU 27 	S S S S S S S S S S S S S S S S S S S	.00 .00 .00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - CE	.00 .00 .00 .00 .05 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O ES AND EXPENDITURE / DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	- BLIND EX \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	.00 .00 F-PAYMENT RE PENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE: PER \$ \$ \$ \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT: S S S S S S S S S S S S S S S S S S S	.00 .00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - CE	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O CES AND EXPENDITURE / DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	- BLIND EX \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	.00 .00 F-PAYMENT RE PENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE: PER \$ \$ \$ \$	.00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2004 THRU 27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT: S S S S S S S S S S S S S S S S S S S	.00 .00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - CE	.00 .00 .00 .00 .00 .03/14/05 

NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00 \$	.00	.000 \$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	S MONTH-OF-	PAYMENT REPO	RT FOR JAN 20	004 THRU DEC	2004	PAGE	5,239
MOP024	FEE-FOR-SERVICE/DENTAL							03	/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	MN - SOC	- BLIND		AID CODE 2	27			
						MONTH	ILY AVERAG	E	

					MON'	THLY AVERAC	近
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-OF	-PAYMENT REE	PORT E	FOR JAN 2004	THRU	DEC	2004	PAGE	5,240
MOP024	FEE-FOR-SERVICE/DENTAL									03	/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	MN - SO	OC - BLIND		P	AID CODE 27					

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$		\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,241 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 LAKE COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

DAKE COUNTI	SOUTHAILT OF SELV	ATCES FOLL I	114 20	C	מומשמות אוט	CODES	05 07 0W	01			
								MC	NTHLY AVERA	GE -	
163 ELIGIBLES	USERS	UNITS OF S	SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS C	F CARE			PER	UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@TOTAL, ALL PROVIDERS	250	4,	637	\$	502,282.31	\$	108.32	28.448	\$ 2009.13	\$	3081.49
@PHYSICIANS SERVICES	75		380	\$	16,688.32	\$	43.92	2.331	\$ 222.51	\$	102.38
OUTPATIENT VISITS	40		45		2,242.06		49.82	.276	56.05		13.75
OFFICE VISITS	17		19		602.78		31.73	.117	35.46		3.70
HOME VISITS	0		0		.00		.00	.000	.00		.00
EMERGENCY ROOM	21		22		1,561.20		70.96	.135	74.34		9.58
PREVENTIVE CARE	0		0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	4		4		78.08		19.52	.025	19.52		.48
INPATIENT VISITS	14		66		3,006.29		45.55	.405	214.74		18.44
HOSPITAL VISITS	14		63		2,704.19		42.92	.387	193.16		16.59
CRITICAL CARE	2		3		302.10		100.70	.018	151.05		1.85
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00		.00

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	7	78		3,145.61		40.33	.479		449.37		19.30
PRINCIPAL SURGEON	5	7		722.58		103.23	.043		144.52		4.43
ASSISTANT SURGEON	3	3		796.15		265.38	.018		265.38		4.88
ANESTHESIOLOGIST	3	68		1,626.88		23.92	.417		542.29		9.98
OUTPATIENT SURGERY	12	43		2,240.66		52.11	.264		186.72		13.75
PRINCIPAL SURGEON	11	16		1,843.89		115.24	.098		167.63		11.31
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2 0 9 27	27		396.77		14.70	.166		198.39		2.43
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	9	10		430.23		43.02	.061		47.80		2.64
RADIOLOGY	27	72		2,339.82		32.50	.442		86.66		14.35
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	3		24.00		8.00	.018		24.00		.15
OTHER SERVICES/ALL X-OVERS	27	63		3,259.65		51.74	.387		120.73		20.00
@PHARMACY	126	1,971	\$	152,909.05	\$	77.58	12.092	\$	1213.56	\$	938.09
PRESCRIPTION DRUGS	123	790		150,522.12		190.53	4.847		1223.76		923.45
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	123	790		150,522.12		190.53	4.847		1223.76		923.45
MEDICAL SUPPLIES	16	1,181		2,386.93		2.02	7.245		149.18		14.64
@DENTIST	13	70	\$	2,185.00	\$	31.21	.429	\$	168.08	\$	13.40
VISITS - DIAGNOSTIC	9	29		75.00		2.59	.178		8.33		.46
ORAL SURGERY	5	30		1,060.00		35.33	.184		212.00		6.50
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		.00		.00	.006		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	2	2		.00		.00	.012		.00		.00
RESTORATIVE DENTISTRY	2	5		105.00		21.00	.031		52.50		.64
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	3		945.00		315.00	.018		472.50		5.80
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES	MONTH-OF-PAYMENT F	REPOR	T FOR JAN	2004 THRU	DEC	2004	P	AGE 5,242
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR MN -	SOC -	DISABLED AID	CODE	S 65 67 61					
							M			-	
163 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV	ERAGE COS'	T UNITS/DAY	S	COST PER		COST PER

					[v](	OIN.	IUTI WAFVW	GE	
USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
1	4	\$ 90.30	\$	22.58	.025	\$	90.30	\$	.55
1	1	47.45		47.45	.006		47.45		.29
1	3	42.85		14.28	.018		42.85		.26
0	0	.00		.00	.000		.00		.00
0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
3	8	\$ 563.47	\$	70.43	.049	\$	187.82	\$	3.46
0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
	USERS  1 1 1 0 0 0 0 0 0 0 0 0 3 0	USERS UNITS OF SERVICE OR DAYS OF CARE  1	OR DAYS OF CARE  1	OR DAYS OF CARE  1	OR DAYS OF CARE  1 4 \$ 90.30 \$ 22.58 1 1 47.45 47.45 1 3 42.85 14.28 0 0 0 .00 .00 0 0 \$ .00 \$ .00 0 0 \$ .00 \$ .00 0 0 0 .00 .00 0 0 0 \$ .00 \$ .00 0 0 0 \$ .00 \$ .00 0 0 0 \$ .00 \$ .00 0	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES PER UNIT/DAY         AVERAGE COST UNITS/DAY           1         4         \$ 90.30         \$ 22.58         .025           1         1         47.45         47.45         .006           1         3         42.85         14.28         .018           0         0         .00         .00         .00         .000           0         0         \$ .00         .00         .000         .000           0         0         .00         .00         .000         .000           0         0         \$ .00         .00         .000         .000           0         0         .00         .00         .000         .000           0         0         .00         .00         .000         .000           0         0         .00         .00         .000         .000           0         0         .00         .00         .000         .000           0         0         .00         .00         .000         .000           0         0         .00         .00         .00         .000         .000           0	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES PER UNIT/DAY PER ELIG         AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG           1         4         \$ 90.30         \$ 22.58         .025 \$           1         1         47.45         47.45         .006           1         3         42.85         14.28         .018           0         0         .00         .00         .00         .000           0         0         \$ .00         .00         .000         \$           0         0         .00         .00         .000         .000           0         0         \$ .00         .00         .000         .000           0         0         .00         .00         .000         .000         .000           0         0         .00         .00         .00         .000         .000         .000           0         0         .00         .00         .00         .00         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAYS PER UNIT/DAY         COST PER USER           1         4         \$ 90.30         \$ 22.58         .025         \$ 90.30           1         1         47.45         47.45         .006         47.45           1         3         42.85         14.28         .018         42.85           0         0         .00         .00         .00         .00           0         0         \$ .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00	OR DAYS OF CARE         PER UNIT/DAY PER ELIG         USER           1         4         \$         90.30         \$         22.58         .025         \$         90.30         \$           1         4         \$         90.30         \$         22.58         .025         \$         90.30         \$           1         1         47.45         47.45         .006         47.45         \$           1         3         42.85         14.28         .018         42.85         \$           0         0         .00         .00         .000         .000         .000         .00         .00         \$           0         0         \$         .00 </td

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
@TOTAL HOSPITAL	73	513	\$	289,540.73	\$	564.41	3.147	\$ 3966.31	\$	1776.32
HOSP INPATIENT TOTAL	17	63		247,945.30		3935.64	.387	14585.02		1521.14
HSC HOSPITALS	1	8		23,600.00		2950.00	.049	23600.00		144.79
NON-HSC HOSPITAL TOTAL	11	55		186,161.30		3384.75	.337	16923.75		1142.09
ACCOMMODATIONS	11	55		43,947.47		799.04	.337	3995.22		269.62
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	11	55		43,947.47		799.04	.337	3995.22		269.62
ANCILLARIES	11	0		142,213.83		.00	.000	12928.53		872.48
INPATIENT CROSSOVERS	6	0		38,184.00		.00	.000	6364.00		234.26
ALL OTHER INPATIENT	0	0		.00		.00	.000	00.00		.00
HOSP OUTPATIENT TOTAL	62	450		41,595.43		92.43	2.761	670.89		255.19
	16	26		•				48.11		4.72
MEDICAL				769.80		29.61	.160			
SURGERY	6	6		221.37		36.90	.037	36.90		1.36
PATHOLOGY	28	216		2,819.23		13.05	1.325	100.69		17.30
RADIOLOGY	22	33		2,241.88		67.94	.202	101.90		13.75
ROOM USE	27	35		1,226.51		35.04	.215	45.43		7.52
CROSSOVERS/ALL OTH OUTPTNT		134		34,316.64		256.09	.822	953.24		210.53
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	•	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	RES N	MONTH-OF-PAYMENT R	REPOR	T FOR JAN 2	2004 THRU	DEC 2004	Р	AGE 5,243
MOP024	FEE-FOR-SERVICE,	/DENTAL								03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR MN - S	oc -	DISABLED AID	CODE	S 65 67 6W	6Y			
							M	ONTHLY AVERA	GE	
163 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	73	513	\$	289,540.73	\$	564.41	3.147	\$ 3966.31	\$	1776.32
COMM HOSP INPATIENT TOTAL	17	63		247,945.30	·	3935.64	.387	14585.02		1521.14
HSC HOSPITALS	1	8		23,600.00		2950.00	.049	23600.00		144.79
NON-HSC HOSPITALS TOTAL	11	55		186,161.30		3384.75	.337	16923.75		1142.09
ACCOMMODATIONS	11	55		43,947.47		799.04	.337	3995.22		269.62
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	Õ	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	11	55		43,947.47		799.04	.337	3995.22		269.62
ANCILLARIES	11	0		142,213.83		.00	.000	12928.53		872.48
INPATIENT CROSSOVERS	6	0		38,184.00		.00	.000	6364.00		234.26
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
ADD OTHER INFAITENT	U	U		.00		.00	.000	.00		.00

MEDICAL         16         26         769.80         29.61         .160         48.11         4.72           SURGERY         6         6         221.37         36.90         .037         36.90         1.36           PATHOLOGY         28         216         2,819.23         13.05         1.325         100.69         17.30           RADIOLOGY         22         33         2,241.88         67.94         .202         101.90         13.75           ROOM USE         27         35         1,226.51         35.04         .215         45.43         7.52           CROSSOVERS/ALL OTH OUTPTNT         36         134         34,316.64         256.09         .822         953.24         210.53           @STATE HOSPITAL         0         0         0         .00	COMM HOSP OUTPATIENT TOTAL	62	450		41,595.43		92.43	2.761		670.89		255.19
PATHOLOGY 28 216 2,819.23 13.05 1.325 100.69 17.30 RADIOLOGY 22 33 2,241.88 67.94 .202 101.90 13.75 ROOM USE 27 35 1,226.51 35.04 .215 45.43 7.52 CROSSOVERS/ALL OTH OUTPTNT 36 134 34,316.64 256.09 .822 953.24 210.53 (STATE HOSPITAL 0 0 0 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 DEVELOP. DISABLED 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		= ·										
RADIOLOGY 22 33 2,241.88 67.94 .202 101.90 13.75 ROOM USE 27 35 1,226.51 35.04 .215 45.43 7.52 CROSSOVERS/ALL OTH OUTPTNT 36 134 34,316.64 256.09 .822 953.24 210.53 (STATE HOSPITAL 0 0 0 \$ .00			-									
ROOM USE         27         35         1,226.51         35.04         .215         45.43         7.52           CROSSOVERS/ALL OTH OUTPTNT         36         134         34,316.64         256.09         .822         953.24         210.53           @STATE HOSPITAL         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00 </td <td></td>												
CROSSOVERS/ALL OTH OUTPTNT 36 134 34,316.64 256.09 .822 953.24 210.53  @STATE HOSPITAL 0 0 0 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00  MENTALLY ILL 0 0 0 .00 .00 .00 .00 .00 .00  DEVELOP. DISABLED 0 0 0 .00 .00 .00 .00 .00 .00  @NURSING FACILITY 1 0 \$ 891.50 \$ .00 .000 \$ 891.50 \$ 5.47  LEV A-INTERMEDIATE 0 0 0 .00 .00 .00 .00 .00 .00  LEV B-REHAB MD 0 0 0 .00 .00 .00 .00 .00  LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00  LEV B-SUBACUTE HSPTL BASED 0 0 0 .00 .00 .00 .00 .00												
@STATE HOSPITAL         0         0         \$         .00         \$         .00         .00         .00         \$         .00         \$         .00 <td></td> <td><del>- '</del></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		<del>- '</del>			•							
MENTALLY ILL         0         0         .0					•							
DEVELOP. DISABLED         0         0         .00         .00         .00         .00         .00         .00           @NURSING FACILITY         1         0         \$         891.50         \$         .00         .000         \$         891.50         \$         5.47           LEV A-INTERMEDIATE         0         0         .00         .00         .00         .00         .00         .00         .00           LEV B-REHAB MD         0         0         .00         .00         .00         .00         .00         .00         .00           LEV B-SUBACUTE FREESTANDING         0         0         .00         .00         .00         .00         .00         .00           LEV B-SUBACUTE HSPTL BASED         0         0         .00         .00         .00         .00         .00         .00	• -	0	0	\$		\$			\$		\$	
@NURSING FACILITY       1       0       \$       891.50       \$       .00       .000       \$       891.50       \$       5.47         LEV A-INTERMEDIATE       0       0       .00       .00       .000       .000       .00       <	MENTALLY ILL	0	0					.000				
LEV A-INTERMEDIATE       0       0       .00	DEVELOP. DISABLED	0	0				.00	.000				.00
LEV B-REHAB MD       0       0       .00	@NURSING FACILITY	1	0	\$	891.50	\$	.00	.000	\$		\$	5.47
LEV B-SUBACUTE FREESTANDING       0       0       .00       .00       .00       .00       .00       .00         LEV B-SUBACUTE HSPTL BASED       0       0       .00       .00       .00       .00       .00       .00	LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 .00 .00	LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
	LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IF CARE U U .UU .UU .UU .UU .UU .UU .UU .UU .U	LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR 1 0 891.50 .00 .000 891.50 5.47	LEV B-REGULAR	1	0		891.50		.00	.000		891.50		5.47
@INTERMEDIATE CARE FACILDD 0 0 \$ .00 \$ .00 \$ .00 \$ .00	@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH 0 0 .00 .00 .00 .00 .00 .00	ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD 0 0 .00 .00 .00 .00 .00	ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN 0 0 .00 .00 .00 .00 .00	ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL 0 0 \$ .00 \$ .00 \$ .00 \$ .00	@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED 0 0 .00 .00 .00 .00 .00 .00	HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER 0 0 0 .00 .00 .00 .00 .00 .00	HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY 0 0 \$ .00 \$ .00 \$ .00 \$ .00	@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED 0 0 .00 .00 .00 .00 .00 .00	HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY 0 0 .00 .00 .00 .00 .00 .00	INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY 7 36 \$ 798.11 \$ 22.17 .221 \$ 114.02 \$ 4.90	@LABORATORY FACILITY	7	36	\$	798.11	\$	22.17	.221	\$	114.02	\$	4.90
PATHOLOGY 6 30 770.51 25.68 .184 128.42 4.73	PATHOLOGY	6	30				25.68	.184				4.73
XO AND OTHERS 1 6 27.60 4.60 .037 27.60 .17	XO AND OTHERS	1	6		27.60		4.60	.037		27.60		.17
@ORGANIZED OUTPATIENT CLINIC 78 248 \$ 14,211.52 \$ 57.30 1.521 \$ 182.20 \$ 87.19	@ORGANIZED OUTPATIENT CLINIC	78	248	\$	14,211.52	\$	57.30	1.521	\$	182.20	\$	87.19
CLINIC 4 8 267.09 33.39 .049 66.77 1.64	CLINIC	4	8				33.39	.049		66.77		1.64
SURGICENTER 0 0 0 .00 .00 .00 .00 .00 .00	SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00	HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC 77 240 13,944.43 58.10 1.472 181.10 85.55	RURAL HEALTH CLINIC	77	240		13,944.43		58.10	1.472		181.10		85.55
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,244	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES		EPORT	FOR JAN 2	2004 THRU	DEC	2004	PI	GE 5,244
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05	MOP024	FEE-FOR-SERVICE/DENTAL										•
LAKE COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y	LAKE COUNTY	SUMMARY OF SERVICES FOR	MN - S	oc -	DISABLED AID	CODES	65 67 6W	6Y				

----- MONTHLY AVERAGE -----163 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 52 1,407 \$ 24,404.31 \$ 17.34 8.632 \$ 469.31 \$ 149.72 @ALL OTHER PROVIDERS 1 3 580.69 193.56 .018 580.69 3.56 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 BLOOD BANK .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 3.405 21 555 5,536.09 263.62 MEDICAL TRANSPORTATION 9.97 33.96 AMBULANCES/AIR TRANS 17 539 3,687.48 6.84 3.307 216.91 22.62 .086 2 14 47.41 3.39 23.71 .29 OTHER TRANS 1,801.20 OTHER SERVICES 900.60 900.60 .012 600.40 11.05 .00 .00 ACUPUNCTURE .00 .000 0 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR .000 .00 .00 GENETIC DISEASE TESTING Ω .00 .000 .00 225 16,014.83 727.95 98.25 IHMC, MODEL-NF, NF, AIDS, MSSP 71.18 1.380 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 4 38.24 9.56 .025 19.12 .23 OPTICIAN PHYSICAL THERAPIST .00 .00 .000 .00 .00

PORTABLE X-RAY	0	0		.00		.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00	.00	
PROSTHETICS	0	0		.00		.00	.000	.00	.00	
ORTHOTICS	0	0		.00		.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00		.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00	.00	
HOSPICE SERVICES	1	20		1,859.80	92	2.99	.123	1859.80	11.41	
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00	
ALL OTHER PROVIDERS	8	600		374.66		.62	3.681	46.83	2.30	
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00	
@XOVER EXCLUDING STATE HOSP**	41	738	\$	42,576.13	\$ 57	7.69	4.528	\$ 1038.44	\$ 261.20	
A* MOMATO IN MURCE TIMES ARE CIVEN		TATEODMADITOM	THEM ON	T V.						

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,245
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
INKE COUNTY	CIMMADY OF CEDVICES FOR MN - SOC - FAMILIES AID CODE 5D 6D 37	

EINE COUNTI	DOITH THE OF DEED	CVIOLO IOIC IIIC D	00	TIMITED THE CODE	010 010 07			
						MON	ITHLY AVERA	GE
178 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	322	2,499	\$	190,313.56	\$ 76.16	14.039 \$	591.04	\$ 1069.18
@PHYSICIANS SERVICES	114	1,046	\$	44,433.28	\$ 42.48	5.876 \$	389.77	\$ 249.63
OUTPATIENT VISITS	39	49		2,875.52	58.68	.275	73.73	16.15
OFFICE VISITS	10	15		381.44	25.43	.084	38.14	2.14
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	28	33		2,444.15	74.07	.185	87.29	13.73
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	1	1		49.93	49.9	3 .006		49.93		.28
INPATIENT VISITS	2	4		166.00	41.5	0 .022		83.00		.93
HOSPITAL VISITS	2	4		166.00	41.5			83.00		.93
CRITICAL CARE	0	0		.00	.0			.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.0	0 .000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.0			.00		.00
EXAMINATIONS	0	0		.00	.0	0 .000		.00		.00
SERVICES AND MATERIALS	0	0		.00	.0			.00		.00
INPATIENT HOSPITAL SURGERY	12	88		3,754.36	42.6			312.86		21.09
PRINCIPAL SURGEON	7	9		2,194.52	243.8	4 .051		313.50		12.33
ASSISTANT SURGEON	1	1		171.18	171.1			171.18		.96
ANESTHESIOLOGIST	6	78		1,388.66	17.8			231.44		7.80
OUTPATIENT SURGERY	19	80		5,192.76	64.9			273.30		29.17
PRINCIPAL SURGEON	12	19		3,961.12	208.4	8 .107		330.09		22.25
ASSISTANT SURGEON	0	0		.00	.0			.00		.00
ANESTHESIOLOGIST	7	61		1,231.64	20.1			175.95		6.92
DIALYSIS	0	0		.00	.0			.00		.00
PATHOLOGY	18	36		708.11	19.6			39.34		3.98
RADIOLOGY	46	76		2,391.47	31.4			51.99		13.44
PSYCHIATRY	0	0		.00	.0			.00		.00
IMMUNIZATION AND INJECTION	5	643		25,247.59	39.2			5049.52		141.84
OTHER SERVICES/ALL X-OVERS	13	70		4,097.47	58.5			315.19		23.02
@PHARMACY	78	262	\$	•	\$ 145.8				Ś	
PRESCRIPTION DRUGS	77	259	т.	38,147.89	147.2			495.43	Τ.	214.31
SNF/ICF	0	0		.00	.0			.00		.00
OUTPATIENTS	77	259		38,147.89	147.2			495.43		214.31
MEDICAL SUPPLIES	2	3		70.23	23.4			35.12		.39
@DENTIST	13	51	\$	767.00				59.00	Ś	4.31
VISITS - DIAGNOSTIC	7	31	۲	117.00	3.7			16.71	Υ	.66
ORAL SURGERY	, 1	6		275.00	45.8			275.00		1.54
DRUGS	0	0		.00	.0			.00		.00
ANESTHESIA	0	0		.00	.0			.00		.00
PERIODONTICS	0	0		.00	.0			.00		.00
ENDODONTICS	2	3		174.00	58.0			87.00		.98
RESTORATIVE DENTISTRY	6	11		201.00	18.2			33.50		1.13
PROSTHETICS	0	0		.00	.0			.00		.00
DENTURES, STAYPLATES	0	0		.00	.0			.00		.00
SPACE MAINTAINERS	0	0		.00	.0			.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.0			.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.0			.00		.00
ORTHODONTIC SERVICES	0	0		.00	.0			.00		.00
ALL OTHER SERVICES	0	0		.00	.0			.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	0	IDEC M						D	AGE 5,246
MOP024	FEE-FOR-SERVICE/DENT		TVILO I	JONIH OF EATHENT RE	TOKI FOR O	AN ZUUH INKU	טטע	2004	E	03/14/05
MOE 024	LEE LOW-SEVAICE/DENI	ΔП								03/14/03

LAKE COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

----- MONTHLY AVERAGE -----178 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 3 6 185.20 30.87 .034 \$ 61.73 \$ 1.04 3 142.35 47.45 47.45 .80 DIAGNOSTIC AND ANC. PROCED .017 EYE APPLIANCES 42.85 14.28 .017 42.85 .24 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .000 .00 .00 .00 \$ .00 .00 \$ .00 @CHIROPRACTOR .000 \$ .00 VISITS 0 0 .00 .000 .00 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 .00 @PODIATRIST .00 \$ .00 .000 \$ .00 \$

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	3	\$	224.58	\$ 74.86	.017 \$	224.58 \$	
NURSE ANESTHESIST	0	0	¢	.00	\$ .00	.000 \$	.00 \$	
	0	0	\$			•		
NURSE MIDWIFE	0		ې د	.00	\$ .00	.000 \$	,	
PEDIATRIC NURSE PRACTITIONER	U	0	Ş	.00	\$ .00	.000 \$	.00 \$	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000 \$	.00 \$	
@TOTAL HOSPITAL	136	829	\$	78 <b>,</b> 235.77	\$ 94.37	4.657 \$	575.26	
HOSP INPATIENT TOTAL	11	17		56 <b>,</b> 992.70	3352.51	.096	5181.15	320.18
HSC HOSPITALS	3	3CR		9,352.00CR	3117.33	.017CR	3117.33CR	52.54CR
NON-HSC HOSPITAL TOTAL	8	20		66 <b>,</b> 344.70	3317.24	.112	8293.09	372.72
ACCOMMODATIONS	8	20		10,950.48	547.52	.112	1368.81	61.52
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	20		10,950.48	547.52	.112	1368.81	61.52
ANCILLARIES	8	0		55,394.22	.00	.000	6924.28	311.20
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
	•							
HOSP OUTPATIENT TOTAL	130	812		21,243.07	26.16	4.562	163.41	119.34
MEDICAL	46	82		2,193.25	26.75	.461	47.68	12.32
SURGERY	17	18		1,564.75	86.93	.101	92.04	8.79
PATHOLOGY	54	278		3,357.26	12.08	1.562	62.17	18.86
RADIOLOGY	66	109		7,428.96	68.16	.612	112.56	41.74
ROOM USE	53	86		4,037.20	46.94	.483	76.17	22.68
CROSSOVERS/ALL OTH OUTPTNT	60	239		2,661.65	11.14	1.343	44.36	14.95
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000 \$	.00 \$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0						
ANCILLARIES	0			.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	U	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MOI	NTH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU DEC	2004	PAGE 5,247
MOP024	FEE-FOR-SERVICE	/DENTAL						03/14/05
LAKE COUNTY		ICES FOR MN - SO	C - F	AMILIES AID CODE	5R 6R 37			
HIND COONTI	SOIMMING OF SERV	IOLO ION IN DO	0 12		ore ore or	MONT	HLY AVERAGE	!
178 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS		COST PER
170 BHIGIDHES	OSEINS	OR DAYS OF CARE		EXIENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	136	829		78,235.77	\$ 94.37	4.657 \$		
			۲	-				320.18
COMM HOSP INPATIENT TOTAL	11	17		56,992.70	3352.51	.096	5181.15	
HSC HOSPITALS	3	3CR		9,352.00CR		.017CR	3117.33CR	52.54CR
NON-HSC HOSPITALS TOTAL	8	20		66,344.70	3317.24	.112	8293.09	372.72
ACCOMMODATIONS	8	20		10,950.48	547.52	.112	1368.81	61.52

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	20		10,950.48		547.52	.112		1368.81		61.52
ANCILLARIES	8	0		55,394.22		.00	.000		6924.28		311.20
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	130	812		21,243.07		26.16	4.562		163.41		119.34
MEDICAL	46	82		2,193.25		26.75	.461		47.68		12.32
SURGERY	17	18		1,564.75		86.93	.101		92.04		8.79
PATHOLOGY	54	278		3,357.26		12.08	1.562		62.17		18.86
RADIOLOGY	66	109		7,428.96		68.16	.612		112.56		41.74
ROOM USE	53	86		4,037.20		46.94	.483		76.17		22.68
CROSSOVERS/ALL OTH OUTPINT	60	239		2,661.65		11.14	1.343		44.36		14.95
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	Ö	Ś	.00	\$	.00	.000	\$	.00	Ś	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	۲	.00	Ψ	.00	.000	٣	.00	7	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	Ÿ	.00	Y	.00	.000	Y	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	10	21	\$	343.94	\$	16.38	.118	\$	34.39	\$	1.93
PATHOLOGY	10	21	Ÿ	343.94	Y	16.38	.118	Y	34.39	Y	1.93
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
	96		\$		Ċ	128.45		ċ	195.35	ċ	105.36
@ORGANIZED OUTPATIENT CLINIC	96	146	ş	18,753.40	Ş		.820	\$		\$	
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	<u> </u>	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	96	146		18,753.40		128.45	.820	D=6	195.35	_	105.36
	MEDI-CAL SERVICES AND E	XPENDITU	JKES 1	MONTH-OF-PAYMENT RI	EPOR'	T FOR JAN 2	ZUU4 THRU	DEC	2004	P	AGE 5,248
	FEE-FOR-SERVICE/DENTAL					c= 0.5					03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	MN - S	50C -	FAMILIES AID CODE	5R	6K 3/		0.15		<b>C D</b>	

21112 0001111	001111111111111111111111111111111111111		200	-		011 011 0 1				
							MO	NTHLY AVERA	GE	
178 ELIGIBLES	USERS	UNITS OF SE	RVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF	CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	22	1:	35	\$	9,152.27	\$ 67.79	.758	\$ 416.01	\$	51.42
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00		.00
BLOOD BANK	0		0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	6	•	79		3,310.06	41.90	.444	551.68		18.60
AMBULANCES/AIR TRANS	6		78		1,510.06	19.36	.438	251.68		8.48
OTHER TRANS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	1		1		1,800.00	1800.00	.006	1800.00		10.11
ACUPUNCTURE	0		0		.00	.00	.000	.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	)	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	)	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	7	38	5,674.50	149.33	.213	810.64	ļ	31.88
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	)	.00
OPTICIAN	3	6	51.04	8.51	.034	17.01		.29
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	)	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	)	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	)	.00
PROSTHETICS	0	0	.00	.00	.000	.00	)	.00
ORTHOTICS	0	0	.00	.00	.000	.00	)	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	)	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	)	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	)	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	)	.00
LOCAL EDUCATION AGENCIES	5	8	83.20	10.40	.045	16.64	Į.	.47
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	)	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	)	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	)	.00
ALL OTHER PROVIDERS	2	4	33.47	8.37	.022	16.74	ŀ	.19
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	) \$	.00
@XOVER EXCLUDING STATE HOSP**	7	66	\$ 387.93	\$ 5.88	.371	\$ 55.42	\$	2.18

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,249 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

MONTHLY AVERAGE										
449 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER			
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE			
@TOTAL, ALL PROVIDERS	735	9 <b>,</b> 076 \$	878,886.85	\$ 96.84	20.214	\$ 1195.76	\$ 1957.43			
@PHYSICIANS SERVICES	217	1,723 \$	62 <b>,</b> 963.66	\$ 36.54	3.837	\$ 290.16	\$ 140.23			
OUTPATIENT VISITS	79	94	5,117.58	54.44	.209	64.78	11.40			
OFFICE VISITS	27	34	984.22	28.95	.076	36.45	2.19			
HOME VISITS	0	0	.00	.00	.000	.00	.00			
EMERGENCY ROOM	49	55	4,005.35	72.82	.122	81.74	8.92			
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00			
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00			
OTHER OUTPATIENT	5	5	128.01	25.60	.011	25.60	.29			
INPATIENT VISITS	16	70	3,172.29	45.32	.156	198.27	7.07			
HOSPITAL VISITS	16	67	2,870.19	42.84	.149	179.39	6.39			
CRITICAL CARE	2	3	302.10	100.70	.007	151.05	.67			
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00			
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00			
EXAMINATIONS	0	0	.00	.00	.000	.00	.00			
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00			
INPATIENT HOSPITAL SURGERY	19	166	6 <b>,</b> 899.97	41.57	.370	363.16	15.37			
PRINCIPAL SURGEON	12	16	2,917.10	182.32	.036	243.09	6.50			
ASSISTANT SURGEON	4	4	967.33	241.83	.009	241.83	2.15			
ANESTHESIOLOGIST	9	146	3,015.54	20.65	.325	335.06	6.72			
OUTPATIENT SURGERY	31	123	7,433.42	60.43	.274	239.79	16.56			
PRINCIPAL SURGEON	23	35	5 <b>,</b> 805.01	165.86	.078	252.39	12.93			
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00			
ANESTHESIOLOGIST	9	88	1,628.41	18.50	.196	180.93	3.63			
DIALYSIS	0	0	.00	.00	.000	.00	.00			
PATHOLOGY	27	46	1,138.34	24.75	.102	42.16	2.54			

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	73	148	4,731.29	31.97	.330	64.81	10.54
PSYCHIATRY	, 9	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	646	25,271.59	39.12	1.439	4211.93	56.28
OTHER SERVICES/ALL X-OVERS	68	430	9,199.18	21.39	.958	135.28	20.49
@PHARMACY	283	2,662 \$	220,314.15	\$ 82.76	5.929 \$		
PRESCRIPTION DRUGS	276	1,475	217,734.55	147.62	3.285	788.89	484.93
SNF/ICF	34	279	15,102.54	54.13	.621	444.19	33.64
OUTPATIENTS	242	1,196	202,632.01	169.42	2.664	837.32	451.30
MEDICAL SUPPLIES	21	1,187	2,579.60	2.17	2.644	122.84	5.75
@DENTIST	30	140 \$	3,377.00	\$ 24.12	.312 \$		
VISITS - DIAGNOSTIC	18	71	192.00	2.70	.158	10.67	.43
ORAL SURGERY	7	37	1,335.00	36.08	.082	190.71	2.97
DRUGS	,	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.002	.00	.00
ENDODONTICS ENDODONTICS	O E	6	434.00	72.33	.013	86.80	.97
RESTORATIVE DENTISTRY	10	22	471.00	21.41		47.10	
PROSTHETICS	0	0		.00	.049	.00	1.05
	0	•	.00		.000		
DENTURES, STAYPLATES	2	3	945.00	315.00	.007	472.50	2.10
SPACE MAINTAINERS	U	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	U	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		AND EXPENDITURES MC	NTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 5,250
MOP024	FEE-FOR-SERVICE/I						03/14/05
LAKE COUNTY	SUMMARY OF SERVIC	CES FOR MN - SOC - T	OTAL				
					MON		
449 ELIGIBLES	USERS (	NITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@OPTOMETRIST	6	16 \$	381.72	\$ 23.86	.036 \$		·
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.009	47.45	.42

EYE APPLIANCES	4	12		191.92		15.99	.027		47.98		.43
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	6	\$	166.11	Ś	27.69	.013	\$	41.53	Ś	.37
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	4	6		166.11		27.69	.013		41.53		.37
	4	11	ċ	788.05	\$	71.64	.024	ć	197.01	ċ	1.76
@HOME HEALTH AGENCY	0		\$								
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	•	0	\$	.00	\$	.00	.000	\$	.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	Ş	.00	.000	\$	.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00		.00
@TOTAL HOSPITAL	237	1,528	\$	433,003.02	\$	283.38	3.403	\$	1827.02	\$	964.37
HOSP INPATIENT TOTAL	37	107		365 <b>,</b> 839.31		3419.06	.238		9887.55		814.79
HSC HOSPITALS	5	16		30,553.00		1909.56	.036		6110.60		68.05
NON-HSC HOSPITAL TOTAL	21	91		289,737.91		3183.93	.203	1	3797.04		645.30
ACCOMMODATIONS	21	91		65,407.48		718.76	.203		3114.64		145.67
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	21	91		65,407.48		718.76	.203		3114.64		145.67
ANCILLARIES	21	0		224,330.43		.00	.000		0682.40		499.62
INPATIENT CROSSOVERS	12	Ö		45,548.40		.00	.000	_	3795.70		101.44
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	213	1,421		67,163.71		47.27	3.165		315.32		149.59
MEDICAL	62	108		2,963.05		27.44	.241		47.79		6.60
	23			•							
SURGERY		24		1,786.12		74.42	.053		77.66		3.98
PATHOLOGY	83	498		6,204.62		12.46	1.109		74.75		13.82
RADIOLOGY	89	144		9,705.74		67.40	.321		109.05		21.62
ROOM USE	80	121		5,263.71		43.50	.269		65.80		11.72
CROSSOVERS/ALL OTH OUTPTNT	116	526		41,240.47		78.40	1.171		355.52		91.85
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
	0	0		.00							.00
SURGERY	0	•				.00	.000		.00		
PATHOLOGY	U	0		.00		.00	.000		.00		.00
RADIOLOGY	U	0		.00		.00	.000		.00		.00
ROOM USE	U	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	_	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI		JRES M	MONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2004 THRU	DEC	2004	PA	AGE 5,251
MOP024	FEE-FOR-SERVICE/DENTA										03/14/05
LAKE COUNTY	SUMMARY OF SERVICES I	FOR MN - S	SOC -	TOTAL							
							N	AUNTE	ILY AVERA	CF -	

		OR DAYS OF CARE	7		DFI	R UNIT/DAY	DER FITC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	237	1,528	\$	433,003.02	\$	283.38			1827.02		964.37
COMM HOSP INPATIENT TOTAL	37	107	т	365,839.31		3419.06	.238	т	9887.55	Τ.	814.79
HSC HOSPITALS	5	16		30,553.00		1909.56	.036		6110.60		68.05
NON-HSC HOSPITALS TOTAL	21	91		289,737.91		3183.93	.203		13797.04		645.30
ACCOMMODATIONS	21	91		65,407.48		718.76	.203		3114.64		145.67
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ő		.00		.00	.000		.00		.00
ALL OTHER ACCOM	21	91		65,407.48		718.76	.203		3114.64		145.67
ANCILLARIES	21	0		224,330.43		.00	.000		10682.40		499.62
INPATIENT CROSSOVERS	12	0		45,548.40		.00	.000		3795.70		101.44
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	213	1,421		67,163.71		47.27	3.165		315.32		149.59
MEDICAL	62	108		2,963.05		27.44	.241		47.79		6.60
SURGERY	23	24		1,786.12		74.42	.053		77.66		3.98
PATHOLOGY	83	498		6,204.62		12.46	1.109		74.75		13.82
RADIOLOGY	89	144		9,705.74		67.40	.321		109.05		21.62
ROOM USE	80	121		5,263.71		43.50	.269		65.80		11.72
CROSSOVERS/ALL OTH OUTPTNT	116	526		41,240.47		78.40	1.171		355.52		91.85
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	т.	.00	7	.00	.000	7	.00	т	.00
DEVELOP. DISABLED	0	Õ		.00		.00	.000		.00		.00
@NURSING FACILITY	39	701	\$	80,767.52	\$	115.22	1.561	Ś	2070.96	Ś	179.88
LEV A-INTERMEDIATE	0	0	т.	.00	,	.00	.000	7	.00	т	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	39	701		80,767.52		115.22	1.561		2070.96		179.88
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	17	57	\$	1,142.05	\$		.127	\$	67.18	\$	2.54
PATHOLOGY	16	51		1,114.45		21.85	.114		69.65		2.48
XO AND OTHERS	1	6	_	27.60	_	4.60	.013	_	27.60	_	.06
@ORGANIZED OUTPATIENT CLINIC	194	441	\$	35,610.56	\$	80.75	.982	Ş		Ş	79.31
CLINIC	4	8		267.09		33.39	.018		66.77		.59
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC		433		35,343.47							
			KES I	MONTH-OF-PAYMENT R	EPOR'I	I' FOR JAN 2	2004 THRU	DEC	2004		•
	FEE-FOR-SERVICE	*	20	moma 1							03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR MN - SO	)C -	TOTAL			7.4		III V 717577	CE.	
449 ELIGIBLES	USERS	IINTTO OF OFDUTOR	7	EXPENDITURES	7. T. 7.T.	TRACE COST	M				
AAA DHIGIDID	CNECO	OR DAYS OF CARE		PVIPNDIIONES		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	85	1,791		40,373.01	s s	22 54	3 080		474.98		
DURABLE MED. EQUIP.	1	3	~	580.69	~	193.56	0.70	~	580 69		1.29
BLOOD BANK	0	0		.00		.00			.00		.00
22002 Dimit	V	Ŭ.		.00		• 0 0	.000		• 0 0		• • • •

HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	32	816		9,898.99	12.13	1.817	309.34	22.05
AMBULANCES/AIR TRANS	26	782		6,166.50	7.89	1.742	237.17	13.73
OTHER TRANS	5	23		92.54	4.02	.051	18.51	.21
OTHER SERVICES	6	11		3,639.95	330.90	.024	606.66	8.11
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	21		1,471.62	70.08	.047	1471.62	3.28
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	31	274		23,307.68	85.06	.610	751.86	51.91
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	7	15		140.30	9.35	.033	20.04	.31
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	2	50		4,482.40	89.65	.111	2241.20	9.98
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	8		83.20	10.40	.018	16.64	.19
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	604		408.13	.68	1.345	40.81	.91
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	108	1,268	\$	66,015.52	\$ 52.06	2.824	\$ 611.25	\$ 147.03
0+ MOMATO IN MILEGE LINES ARE CIT	TENT AC A CEDADAME	TATEODAGAETON	TENT ONTS	7 -				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INDOE BININ INCE INCEODED IN	· · · · · · · · · · · · · · · · · · ·	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,253
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13	

					MON	THLY AVERA	GE
1,818 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,892	67 <b>,</b> 686 \$	5,352,783.03	\$ 79.08	37.231 \$	2829.17	\$ 2944.33
@PHYSICIANS SERVICES	153	260 \$	4,170.92	\$ 16.04	.143 \$	27.26	\$ 2.29
OUTPATIENT VISITS	3	3	154.80	51.60	.002	51.60	.09
OFFICE VISITS	1	1	18.10	18.10	.001	18.10	.01
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	136.70	68.35	.001	68.35	.08
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	11	324.90	29.54	.006	46.41	.18
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	7	11	324.90	29.54	.006	46.41	.18
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	1	1		147.57		147.57	.001		147.57		.08
PRINCIPAL SURGEON	1	1		147.57		147.57	.001		147.57		.08
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	144	245		3 <b>,</b> 543.65		14.46	.135		24.61		1.95
@PHARMACY	1,525	11,019	\$	596,520.95	\$			\$	391.16	\$	328.12
PRESCRIPTION DRUGS	1,520	10,655		593 <b>,</b> 045.62		55.66	5.861		390.16		326.21
SNF/ICF	1,485	10,532		591,362.20		56.15	5.793		398.22		325.28
OUTPATIENTS	40	123		1,683.42		13.69	.068		42.09		.93
MEDICAL SUPPLIES	57	364		3,475.33		9.55	.200		60.97		1.91
@DENTIST	138	218	\$	•	\$	50.77	.120	\$		\$	6.09
VISITS - DIAGNOSTIC	137	183		5,110.00		27.92	.101		37.30		2.81
ORAL SURGERY	2	15		718.00		47.87	.008		359.00		.39
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.06
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	10	19		5,140.00		270.53	.010		514.00		2.83
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
						$\cap$	.000				$\cap$
FRACTURES, DISLOCATIONS	0	0		.00		.00			.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 0 MEDI-CAL SERVI	0 0 CES AND EXPENDITURE	ES M	.00	POR'	.00	.000	DEC	.00	P.	.00 .00 AGE 5,254
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 0 MEDI-CAL SERVION FEE-FOR-SERVIC	0 0 CES AND EXPENDITURE E/DENTAL		.00 .00 ONTH-OF-PAYMENT RE	PORT	.00 .00 F FOR JAN 2	.000 .000 2004 THRU	DEC	.00	P#	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 0 MEDI-CAL SERVION FEE-FOR-SERVIC	0 0 CES AND EXPENDITURE		.00 .00 ONTH-OF-PAYMENT RE	POR!	.00	.000 .000 2004 THRU		.00 .00 2004		.00 .00 AGE 5,254 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY	0 0 0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER	0 0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LON	NG TI	.00 .00 ONTH-OF-PAYMENT RE		.00 .00 F FOR JAN 2	.000 .000 2004 THRU	ONT	.00 .00 2004	GE -	.00 .00 AGE 5,254 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 0 MEDI-CAL SERVION FEE-FOR-SERVIC	0 0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LON UNITS OF SERVICE	NG TI	.00 .00 ONTH-OF-PAYMENT RE	AVI	.00 .00 F FOR JAN 2 AID CODE	.000 .000 2004 THRU 13 M UNITS/DAY	ONT	.00 .00 2004 HLY AVERA COST PER	GE -	.00 .00 AGE 5,254 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  1,818 ELIGIBLES	0 0 0 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERVICE	0 0 0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE	NG TI	.00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES	AVI PEI	.00 .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG	ONT	.00 .00 2004 HLY AVERA COST PER USER	GE - (	.00 .00 AGE 5,254 03/14/05  COST PER ELIGIBLE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  1,818 ELIGIBLES @OPTOMETRIST	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	0 0 0 0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 76	NG TI	.00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,290.43	AVI	.00 .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 16.98	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .042	ONT	.00 .00 2004 HLY AVERA COST PER USER 49.63	GE - (	.00 .00 AGE 5,254 03/14/05  COST PER ELIGIBLE .71
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  1,818 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	0 0 0 0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 76 1	NG TI	.00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,290.43 47.45	AVI PEI	.00 .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 16.98 47.45	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .042 .001	ONT	.00 .00 2004 HLY AVERA COST PER USER 49.63 47.45	GE - (	.00 .00 AGE 5,254 03/14/05  COST PER ELIGIBLE .71 .03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  1,818 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  26 1 25	0 0 0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 76 1 73	NG TI	.00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,290.43 47.45 1,218.73	AVI PEI	.00 .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 16.98 47.45 16.69	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .042 .001 .040	ONT	.00 .00 2004 HLY AVERA COST PER USER 49.63 47.45 48.75	GE - (	.00 .00 AGE 5,254 03/14/05  COST PER ELIGIBLE .71 .03 .67
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  1,818 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  26 1 25 1	0 0 0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 76 1 73 2	NG TI	.00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,290.43 47.45 1,218.73 24.25	AVI PEI \$	.00 .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 16.98 47.45 16.69 12.13	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .042 .001 .040 .001	ONT S \$	.00 .00 2004 HLY AVERA COST PER USER 49.63 47.45 48.75 24.25	GE - ( F \$	.00 .00 AGE 5,254 03/14/05  COST PER ELIGIBLE .71 .03 .67
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  1,818 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  26 1 25 1 0	0 0 0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 76 1 73 2 0	NG TI	.00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,290.43 47.45 1,218.73 24.25 .00	AVI PEI	.00 .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 16.98 47.45 16.69 12.13 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .042 .001 .040 .001	ONT S \$	.00 .00 2004 HLY AVERA COST PER USER 49.63 47.45 48.75 24.25 .00	GE - ( F \$	.00 .00 AGE 5,254 03/14/05  COST PER ELIGIBLE .71 .03 .67 .01
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  1,818 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	USERS  26 1 25 1 0 0 0 MEDI-CAL SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS	0 0 0 0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LOY UNITS OF SERVICE OR DAYS OF CARE 76 1 73 2 0 0	NG TI	.00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,290.43 47.45 1,218.73 24.25 .00	AVI PEI \$	.00 .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 16.98 47.45 16.69 12.13 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .042 .001 .040 .001	ONT S \$	.00 .00 2004 HLY AVERA COST PER USER 49.63 47.45 48.75 24.25 .00	GE - ( F \$	.00 .00 AGE 5,254 03/14/05 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  1,818 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	USERS  26 1 25 1 0 0 0 MEDI-CAL SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS	0 0 0 0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 76 1 73 2 0 0 0	NG T	.00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,290.43 47.45 1,218.73 24.25 .00 .00	AVI PEI \$	.00 .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 16.98 47.45 16.69 12.13 .00 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .042 .001 .040 .001 .000	ONT S \$	.00 .00 2004 HLY AVERA COST PER USER 49.63 47.45 48.75 24.25 .00 .00	GE - ( F \$	.00 .00 AGE 5,254 03/14/05 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  1,818 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	USERS  26 1 25 1 0 0 MEDI-CAL SERVICE SUMMARY OF SERVICE USERS	0 0 0 0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 76 1 73 2 0 0 0 0 328	NG TI	.00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,290.43 47.45 1,218.73 24.25 .00 .00 .00	AVI PEI \$	.00 .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 16.98 47.45 16.69 12.13 .00 .00 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .042 .001 .040 .001 .000 .000	ONT S \$	.00 .00 2004 HLY AVERA COST PER USER 49.63 47.45 48.75 24.25 .00 .00 .00	GE - ( F \$	.00 .00 AGE 5,254 03/14/05 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  1,818 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	USERS  26 1 25 1 0 0 MEDI-CAL SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS	0 0 0 0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LON  UNITS OF SERVICE OR DAYS OF CARE 76 1 73 2 0 0 0 328 0	NG T	.00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,290.43 47.45 1,218.73 24.25 .00 .00 .00 .00	AVI PEI \$	.00 .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 16.98 47.45 16.69 12.13 .00 .00 .00 4.78	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .042 .001 .040 .001 .000 .000	ONT S \$	.00 .00 2004 HLY AVERA COST PER USER 49.63 47.45 48.75 24.25 .00 .00 6.72 .00	GE - ( F \$	.00 .00 AGE 5,254 03/14/05 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  1,818 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	USERS  26 1 25 1 0 0 MEDI-CAL SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS  26 1 25 1 0 0 233 0 0	O O O O CES AND EXPENDITURE E/DENTAL VICES FOR MN - LON  UNITS OF SERVICE OR DAYS OF CARE 76 1 73 2 0 0 0 328 0 0	NG T	.00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,290.43 47.45 1,218.73 24.25 .00 .00 .00 .1,566.71 .00	AVI PEI \$	.00 .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 16.98 47.45 16.69 12.13 .00 .00 .00 4.78 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .042 .001 .040 .001 .000 .000	ONT S \$	.00 .00 2004 HLY AVERA COST PER USER 49.63 47.45 48.75 24.25 .00 .00 6.72 .00	GE - ( F \$	.00 .00 .00 AGE 5,254 03/14/05 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  1,818 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	USERS  26 1 25 1 0 0 MEDI-CAL SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS  26 1 25 1 0 0 0 233 0 0 0	O O O O O O O O O O O O O O O O O O O	NG T	.00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,290.43 47.45 1,218.73 24.25 .00 .00 .00 .1,566.71 .00 .00	AVI PEI \$	.00 .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 16.98 47.45 16.69 12.13 .00 .00 .00 4.78 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .042 .001 .040 .001 .000 .000 .000	ONT S \$	.00 .00 2004 HLY AVERA COST PER USER 49.63 47.45 48.75 24.25 .00 .00 .00 6.72 .00 .00	GE - ( F \$	.00 .00 .00 AGE 5,254 03/14/05 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  1,818 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	USERS  26 1 25 1 0 0 MEDI-CAL SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS  26 1 25 1 0 0 0 233 0 0 233	O O O O O O O O O O O O O O O O O O O	NG T	.00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,290.43 47.45 1,218.73 24.25 .00 .00 .00 .00 1,566.71 .00 .00	AVI PEI \$	.00 .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 16.98 47.45 16.69 12.13 .00 .00 .00 4.78 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .042 .001 .040 .001 .000 .000 .000 .180 .000	CONT S \$ \$	.00 .00 2004 HLY AVERA COST PER USER 49.63 47.45 48.75 24.25 .00 .00 .00 6.72 .00 .00	GE - ( ; \$ \$	.00 .00 .00 AGE 5,254 03/14/05 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  1,818 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 1 25 1 0 0 0 0 233 0 0 0 233 0	O O O O O O O O O O O O O O O O O O O	NG T	.00 .00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,290.43 47.45 1,218.73 24.25 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$	.00 .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 16.98 47.45 16.69 12.13 .00 .00 .00 4.78 .00 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .042 .001 .040 .001 .000 .000 .000 .000 .000	ONT S \$	.00 .00 2004 HLY AVERA COST PER USER 49.63 47.45 48.75 24.25 .00 .00 6.72 .00 .00	GE - ( )	.00 .00 .00 AGE 5,254 03/14/05 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  1,818 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 1 26 1 25 1 0 0 0 0 233 0 0 0 233 0	O O O O O O O O O O O O O O O O O O O	NG T	.00 .00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,290.43 47.45 1,218.73 24.25 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVH PEH \$ \$ \$	.00 .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 16.98 47.45 16.69 12.13 .00 .00 .00 4.78 .00 .00 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .042 .001 .040 .001 .000 .000 .000 .000 .000	CONT S \$ \$	.00 .00 2004 HLY AVERA COST PER USER 49.63 47.45 48.75 24.25 .00 .00 6.72 .00 .00 6.72 .00	GE - ( ) F	.00 .00 .00 AGE 5,254 03/14/05 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  1,818 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 1 26 1 25 1 0 0 0 0 233 0 0 0 233 0 0	O O O O O O O O O O O O O O O O O O O	NG T1	.00 .00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,290.43 47.45 1,218.73 24.25 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PER \$	.00 .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 16.98 47.45 16.69 12.13 .00 .00 .00 4.78 .00 .00 4.78 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .042 .001 .040 .001 .000 .000 .000 .000 .000	ONT S \$ \$ \$ \$	.00 .00 2004 HLY AVERA COST PER USER 49.63 47.45 48.75 24.25 .00 .00 6.72 .00 .00 6.72 .00	GE - ( ) F	.00 .00 .00 AGE 5,254 03/14/05 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  1,818 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 1 25 1 0 0 0 233 0 0 0 233 0 0	O O O O O O O O O O O O O O O O O O O	NG T	.00 .00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,290.43 47.45 1,218.73 24.25 .00 .00 .00 .00 1,566.71 .00 .00 .00 .1,566.71 .00 .00	AVI PEF \$ \$ \$	.00 .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 16.98 47.45 16.69 12.13 .00 .00 .00 .00 4.78 .00 .00 .00 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .042 .001 .040 .001 .000 .000 .000 .000 .000	ONT S S S S S S S S S S S S S S S S S S S	.00 .00 2004 HLY AVERA COST PER USER 49.63 47.45 48.75 24.25 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - () I	.00 .00 .00 AGE 5,254 03/14/05 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  1,818 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 1 25 1 0 0 0 233 0 0 0 233 0 0	O O O O O O O O O O O O O O O O O O O	NG Ti	.00 .00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,290.43 47.45 1,218.73 24.25 .00 .00 .00 .00 1,566.71 .00 .00 .00 .00 .00 .00 .00	AVI PER \$	.00 .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 16.98 47.45 16.69 12.13 .00 .00 .00 4.78 .00 .00 .00 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .042 .001 .000 .000 .000 .000 .000 .000 .00	ONT S \$ \$ \$ \$ \$	.00 .00 2004 HLY AVERA COST PER USER 49.63 47.45 48.75 24.25 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - () I	.00 .00 .00 AGE 5,254 03/14/05 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  1,818 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 1 25 1 0 0 0 233 0 0 0 233 0 0 0 0 233 0	O O O O O O O O O O O O O O O O O O O	NG T1	.00 .00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,290.43 47.45 1,218.73 24.25 .00 .00 .00 .00 1,566.71 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEF \$ \$ \$	.00 .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 16.98 47.45 16.69 12.13 .00 .00 .00 4.78 .00 .00 .00 4.78 .00 .00 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .042 .001 .000 .000 .000 .000 .000 .000 .00	ONT S S S S S S S S S S S S S S S S S S S	.00 .00 2004 HLY AVERA COST PER USER 49.63 47.45 48.75 24.25 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - () I	.00 .00 .00 AGE 5,254 03/14/05 
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY  1,818 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 1 25 1 0 0 0 233 0 0 0 233 0 0	O O O O O O O O O O O O O O O O O O O	NG Ti	.00 .00 .00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 1,290.43 47.45 1,218.73 24.25 .00 .00 .00 .00 1,566.71 .00 .00 .00 .00 .00 .00 .00	AVI PEF \$ \$ \$	.00 .00 F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 16.98 47.45 16.69 12.13 .00 .00 .00 4.78 .00 .00 .00 .00	.000 .000 2004 THRU 13 M UNITS/DAY PER ELIG .042 .001 .000 .000 .000 .000 .000 .000 .00	ONT S \$ \$ \$ \$ \$	.00 .00 2004 HLY AVERA COST PER USER 49.63 47.45 48.75 24.25 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - () I	.00 .00 .00 AGE 5,254 03/14/05 

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	20	0	13,990.26	.00	.000	699.51	7.70
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	75	485	6,605.05	13.62	.267	88.07	3.63
MEDICAL	2	2	281.66	140.83	.001	140.83	.15
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	15	146.77	9.78	.008	36.69	.08
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	70	468	6,176.62	13.20	.257	88.24	3.40
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

MOP024 03/14/05

FEE-FOR-SERVICE / DENTAL

1101 024	THE FOR SERVICE/DENTAL		
LAKE COUNTY	SUMMARY OF SERVICES FOR	R MN - LONG TERM CARE - AGED	AID CODE 13

LAKE COUNTY	SUMMARY OF SERVICE	S FOR MN - LC	NG T	'ERM CARE - AGED		AID CODE	13				
							M	ONT	HLY AVERA	GE.	
1,818 ELIGIBLES	USERS UN	ITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
	0	R DAYS OF CARE			PER	. UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	83	485	\$	20,595.31	\$	42.46	.267	\$	248.14	\$	11.33
COMM HOSP INPATIENT TOTAL	20	0		13,990.26		.00	.000		699.51		7.70
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00			.000		.00		
ALL OTHER ACCOM	0	0				.00					.00
ANCILLARIES				.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	20	0		13,990.26		.00	.000		699.51		7.70
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	75	485		6,605.05		13.62	.267		88.07		3.63
MEDICAL	2	2		281.66		140.83	.001		140.83		.15
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	15		146.77		9.78	.008		36.69		.08
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	70	468		6,176.62		13.20	.257		88.24		3.40
@STATE HOSPITAL	0	0	Ś	.00		.00	.000	Ś	.00	\$	.00
MENTALLY ILL	0	0	7	.00		.00	.000	4	.00	т	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1,566	45 <b>,</b> 277	\$	4,530,421.24		100.06	24.905	\$	2892.99	\$	2491.98
LEV A-INTERMEDIATE	1,300	45,277	Ÿ	.00		.00	.000	Ÿ	.00	Y	.00
	14										
LEV B-REHAB MD	= =	610		67,514.20		110.68	.336		4822.44		37.14
LEV B-SUBACUTE FREESTANDING		44		12,131.84		275.72	.024		12131.84		6.67
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1,551 9	44,623		4,450,775.20		99.74	24.545		2869.62		2448.17
@INTERMEDIATE CARE FACILDD	9	244	\$	34,328.80	\$	140.69	.134	\$	3814.31	\$	18.88
ICF DDH	9	244		34,328.80		140.69	.134		3814.31		18.88
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	Ś	.00		.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	7	.00		.00	.000	4	.00	т	.00
INDEPENDENT FACILITY	Ö	Ö		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	3	\$	45.93		15.31	.002	\$	22.97	\$	.03
PATHOLOGY	2	0	Ą	.00		.00	.002	Ų	.00	ې	.00
	2	-									
XO AND OTHERS	52	3		45.93		15.31	.002		22.97		.03
@ORGANIZED OUTPATIENT CLINIC		75	Ş	7,458.36		99.44	.041	\$	143.43	\$	4.10
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	3		492.27		164.09	.002		492.27		.27
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	51	72		6,966.09		96.75	.040		136.59		3.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES M	IONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 5,256
MOP024	FEE-FOR-SERVICE/DE	NTAL									03/14/05
LAKE COUNTY	SUMMARY OF SERVICE	S FOR MN - LC	NG T	ERM CARE - AGED		AID CODE	13				

1,818 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	292	9,701	\$	145,316.38	\$ 14.98	5.336	\$ 497.66	\$ 79.93
DURABLE MED. EQUIP.	77	578		56 <b>,</b> 554.67	97.85	.318	734.48	31.11
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2		617.82	308.91	.001	308.91	.34
MEDICAL TRANSPORTATION	66	511		3,810.26	7.46	.281	57.73	2.10
AMBULANCES/AIR TRANS	14	114		1,704.39	14.95	.063	121.74	.94
OTHER TRANS	56	381		1,934.43	5.08	.210	34.54	1.06
OTHER SERVICES	4	16		171.44	10.72	.009	42.86	.09
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	29	60		723.23	12.05	.033	24.94	.40
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	7	16		9.33	.58	.009	1.33	.01
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	56	137		9,027.87	65.90	.075	161.21	4.97
HOSPICE SERVICES	27	800		69,666.95	87.08	.440	2580.26	38.32
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	44	7,597		4,906.25	.65	4.179	111.51	2.70
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	648	1,295	\$	111,604.15	\$ 86.18	.712	\$ 172.23	\$ 61.39
A* TOTALS IN THESE ITMES ARE CITE	TENT AC A CEDAI	DAME THEODMANTON	TUEM	ONIT V •				

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,257 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 LAKE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

SOUTHWILL OF SELV	TCES FOR	T-TTA	поид	T 171/141	CHILL	DHIND		AID CODE	23				
									MO	ГИC	HLY AVERA	GΕ	
USERS	UNITS OF	SERVI	CE		EXPENDI	TURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
	OR DAYS	OF CA	RE				PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
5		105	\$		10,8	398.64	\$	103.80	11.667	\$	2179.73	\$	1210.96
0		0	\$			.00	\$	.00	.000	\$	.00	\$	.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
		USERS UNITS OF	USERS UNITS OF SERVI OR DAYS OF CA	USERS UNITS OF SERVICE OR DAYS OF CARE	USERS UNITS OF SERVICE OR DAYS OF CARE	USERS UNITS OF SERVICE EXPENDI OR DAYS OF CARE	USERS UNITS OF SERVICE OR DAYS OF CARE  5 105 \$ 10,898.64 0 0 \$ .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE  5 105 \$ 10,898.64 \$ PER  0 0 \$ .00 \$ .00  0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS	USERS UNITS OF SERVICE OR DAYS OF CARE  5 105 \$ 10,898.64 \$ 103.80 11.667 0 0 \$ .00 \$ .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .	USERS UNITS OF SERVICE OR DAYS OF CARE  5 105 \$ 10,898.64 \$ 103.80 11.667 \$ 10,898.64 \$ 100.00 \$ 10.00	USERS UNITS OF SERVICE OR DAYS OF CARE  5 105 \$ 10,898.64 \$ 103.80 11.667 \$ 2179.73 0 0 \$ .00 \$ .00 .000 \$ .00 0 0 0 .00 .00 .000 .0	USERS UNITS OF SERVICE OR DAYS OF CARE  5 105 \$ 10,898.64 \$ 103.80 11.667 \$ 2179.73 \$ 00 \$ 00 \$ 00 \$ 00 \$ 00 \$ 00 \$ 00 \$

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
OUTPATIENT SURGERY	U	U				.00	.000				.00
PRINCIPAL SURGEON	Ü	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0									
PSYCHIATRY	U	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	O	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	3	14	\$	1,491.07	\$	106.51	1.556	\$	497.02	\$	165.67
PRESCRIPTION DRUGS	3	14		1,491.07		106.51	1.556		497.02		165.67
SNF/ICF	3	14		1,491.07		106.51	1.556		497.02		165.67
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
	0										
MEDICAL SUPPLIES	U	0		.00		.00	.000		.00		.00
@DENTIST	Ü	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
	0	0									
RESTORATIVE DENTISTRY	U	U		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		.00
ALL OTHER SERVICES	VEDT ON CEDUT	•					.000			_	
#CALIF DEPT OF HEALTH SERV			RES	MONTH-OF-PAYMENT R	EPOR'	I FOR JAN 2	2004 THRU I	DEC	2004	Ρ.	AGE 5,258
MOP024	FEE-FOR-SERVIC										03/14/05
LAKE COUNTY	SUMMARY OF SER	VICES FOR MN - LO	ONG	TERM CARE - BLIND		AID CODE	23				
							MO	HTMC	HLY AVERA	GE ·	
09 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	S C	COST PER		COST PER
		OR DAYS OF CAR	Ŧ.			R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	Ś	.00		.00
-	0	0	Y	.00	٧	.00	.000	Y	.00	Y	.00
DIAGNOSTIC AND ANC. PROCED											
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	Ś	.00
MEDICINE/INJECTIONS	0	0	Τ.	.00	т	.00	.000	т.	.00	4'	.00
	0	0		.00							
SURGERY/ANES.	ŭ					.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00		.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

WIDGE MEDITEE	2	0	<b>.</b>	<b>A</b> 00	000 6	0.0	<b>A</b> 0.0
NURSE MIDWIFE	U		\$ .00	\$ .00	.000 \$		\$ .00
PEDIATRIC NURSE PRACTITIONER	0		\$ .00	\$ .00	.000 \$		\$ .00
FAMILY NURSE PRACTITIONER	0	0 :	.00	\$ .00	.000 \$	.00	·
@TOTAL HOSPITAL	0	0 5	\$ .00	\$ .00	.000 \$	.00	·
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0					
ROOM USE	0	•	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	U	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 :	\$ .00	\$ .00	.000 \$	.00	·
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		•	S MONTH-OF-PAYMENT F				PAGE 5,259
MOP024	FEE-FOR-SERVICE		0 11011111 01 11111111111 1		2001 111110 220	2001	03/14/05
LAKE COUNTY			G TERM CARE - BLIND	AID CODE	7. 23		03/11/03
DAKE COONTI	DOMMANT OF BENV	ICES FOR FIN HON	3 IEIUI CANE DEIND	AID CODE	MONT	THIY AVERAG	E
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERACE COST	UNITS/DAYS		COST PER
O ELIGIBLES	OSEKS	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
ACOMMINITE HORDINAL MODAL	0		0.0	\$ .00	.000 \$		
@COMMUNITY HOSPITAL TOTAL	0	0 .	\$ .00		.000		
COMM HOSP INPATIENT TOTAL	0	· · · · · · · · · · · · · · · · · · ·	.00				
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5	91	\$ 9,407.57	\$ 103.38	10.111	\$ 1881.51	\$ 1045.29
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5	91	9,407.57	103.38	10.111	1881.51	1045.29
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00		\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER 0 .00 0 HEROIN DETOX CLINIC 0 .00 RURAL HEALTH CLINIC 0 Ω .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,260 03/14/05 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

					MON	ITHLY AVERAGE	
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	2	0 \$	275.97	\$ .00	.000 \$	137.99 \$	30.66
A* TOTALS IN THESE LINES ARE CIVEN	AC A CEDAD	ATE THEODMATTON THEM ON	TV.				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

LAKE COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,261
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

----- MONTHLY AVERAGE -----210 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 7,460 \$ 967,659.13 \$ 129.71 35.524 \$ 4543.00 \$ 4607.90 97 \$ 1.575.07 \$ 16.24 OR DAYS OF CARE @TOTAL, ALL PROVIDERS 213 

 1,575.07
 \$ 16.24
 .462
 \$ 41.45
 \$ 7.50

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 38 @PHYSICIANS SERVICES 0 OUTPATIENT VISITS 0 0 OFFICE VISITS 0 0 HOME VISITS EMERGENCY ROOM 0 0 PREVENTIVE CARE 0 0 OB VISITS/COMPRE PERI

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	14	21		454.24		21.63	.100		32.45		2.16
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	14	21		454.24		21.63	.100		32.45		2.16
OPHTHALMOLOGICAL SERVICES	1	1		37.15		37.15	.005		37.15		.18
EXAMINATIONS	1	1		37.15		37.15	.005		37.15		.18
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	3		504.60		168.20	.014		504.60		2.40
PRINCIPAL SURGEON	1	1		413.25		413.25	.005		413.25		1.97
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	2		91.35		45.68	.010		91.35		.44
DIALYSIS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00					.00		
RADIOLOGY	0	0				.00	.000				.00
PSYCHIATRY	•	•		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	24	72	_	579.08	_	8.04	.343	_	24.13	_	2.76
@PHARMACY	167	, -	\$	88,124.65	\$	81.82	5.129	Ş		Ş	419.64
PRESCRIPTION DRUGS	166	1,076		88,107.61		81.88	5.124		530.77		419.56
SNF/ICF	126	975		82,266.98		84.38	4.643		652.91		391.75
OUTPATIENTS	40	101		5,840.63		57.83	.481		146.02		27.81
MEDICAL SUPPLIES	1	1		17.04		17.04	.005		17.04		.08
@DENTIST	13		\$	1,300.00	\$	81.25		\$	100.00	\$	6.19
VISITS - DIAGNOSTIC	12	14		400.00		28.57	.067		33.33		1.90
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2		900.00		450.00	.010		900.00		4.29
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURE	S M	MONTH-OF-PAYMENT RE	EPORT	r for Jan 2	2004 THRU	DEC		PZ	AGE 5,262
MOP024	FEE-FOR-SERVIC										03/14/05
LAKE COUNTY		VICES FOR MN - LON	IG I	TERM CARE - DISABLE	ΞD	AID CODE	63				,,
								ОИТ	HLY AVERA	GE -	
210 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST				-	COST PER
210 221012220	00210	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	5		\$	289.22	\$	19.28	.071		57.84		1.38
DIAGNOSTIC AND ANC. PROCED	2	2	т	94.90	7	47.45	.010	~	47.45	~	.45
EYE APPLIANCES	5	13		194.32		14.95	.062		38.86		.93
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		\$	.00	\$	.00	.000	S	.00	Ś	.00
VISITS	0	0	Υ	.00	Y	.00	.000	Y	.00	Y	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	23		\$	133.87	\$	5.15	.124	Ċ	5.82	Ċ	.64
GIODIVIVIOI	۷3	20	Y	133.07	۲	J • IJ	.124	ٻ	J.04	ٻ	.04

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
	23	26	133.87	5.15	.124	5.82	
OTHER							.64
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$		
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$		\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$		\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	16	121 \$	81,523.40	\$ 673.75	.576	5095.21	\$ 388.21
HOSP INPATIENT TOTAL	4	64	80,713.82	1261.15	.305	20178.46	384.35
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	64	78,961.82	1233.78	.305	39480.91	376.01
ACCOMMODATIONS	2	64	29,507.40	461.05	.305	14753.70	140.51
ADMINISTRATIVE DAYS	1	22	5,088.60	231.30	.105	5088.60	24.23
	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	1	42					116.28
ALL OTHER ACCOM	2		24,418.80	581.40	.200	24418.80	
ANCILLARIES	2	0	49,454.42	.00	.000	24727.21	235.50
INPATIENT CROSSOVERS	2	0	1,752.00	.00	.000	876.00	8.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14	57	809.58	14.20	.271	57.83	3.86
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	10	88.54	8.85	.048	12.65	.42
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	7	47	721.04	15.34	.224	103.01	3.43
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0					.00
ANCILLARIES		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	Ü	.00	.00	.000	.00	.00
SURGERY	O	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 5,263
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG TE	RM CARE - DISABLE	ED AID CODE	63		
					MON	THLY AVERA	GE
210 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16	121 \$	81,523.40	\$ 673.75			\$ 388.21
COMM HOSP INPATIENT TOTAL	4	64	80,713.82	1261.15	.305	20178.46	384.35
HSC HOSPITALS	0	0	.00	.00		.00	.00
NON-HSC HOSPITALS TOTAL	2	64		1233.78	.305	39480.91	376.01
ACCOMMODATIONS	2	64	29,507.40	461.05	.305	14753.70	140.51
MOCOLINODALTONO	2	VΤ	25,507.40	401.00	. 505	11/00.70	T40.0T

ADMINISTRATIVE DAYS	1	22		5 <b>,</b> 088.60		231.30	.105		5088.60		24.23
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	42		24,418.80		581.40	.200		24418.80		116.28
ANCILLARIES	2	0		49,454.42		.00	.000		24727.21		235.50
INPATIENT CROSSOVERS	2	0		1,752.00		.00	.000		876.00		8.34
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	14	57		809.58					57.83		3.86
						14.20	.271				
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	7	10		88.54		8.85	.048		12.65		.42
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	7	47		721.04		15.34	.224		103.01		3.43
@STATE HOSPITAL	Û	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	Υ	.00	Υ	.00	.000	7	.00	۲	.00
	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED		•	<u> </u>		<u> </u>			<u>^</u>		<u> </u>	
@NURSING FACILITY	132	3,901	\$	556,558.17	\$	142.67	18.576	\$	4216.35	\$	2650.28
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	3	231		122,017.56		528.21	1.100		40672.52		581.04
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	130	3,670		434,540.61		118.40	17.476		3342.62		2069.24
@INTERMEDIATE CARE FACILDD	52	1,533	\$	232,079.44	\$	151.39	7.300	Ċ	4463.07	Ċ	1105.14
	52	·	Ą	232,079.44	Ą			۲	4463.07	۲	
ICF DDH		1,533		•		151.39	7.300				1105.14
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	-	.00	-	.00	.000	-T	.00	7	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	ċ	.00	\$	.00
	0	•	Ą		Ą			Þ		Þ	
PATHOLOGY	•	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	33	45	\$	1,920.33	\$	42.67	.214	\$	58.19	\$	9.14
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	4		118.79		29.70	.019		118.79		.57
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	33	41		1,801.54		43.94	.195		54.59		8.58
#CALIF DEPT OF HEALTH SERV			DEC N	MONTH-OF-PAYMENT R	E DODT			DEC		D	AGE 5,264
MOP024	FEE-FOR-SERVICE		IVEO I	MONIII OF FAIRENT K	EFOR1	. FOR OAN	2004 11110	טייט	2004	E.	03/14/05
			0170				60				03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR MN - L	ONG '	TERM CARE - DISABL	ED	AID CODE					
									HLY AVERA		
210 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG	j	USER		ELIGIBLE
@ALL OTHER PROVIDERS	31	629	\$	4,154.98	\$	6.61	2.995	\$	134.03	\$	19.79
DURABLE MED. EQUIP.	2	7		1,769.17	•	252.74	.033		884.59		8.42
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
	4										
MEDICAL TRANSPORTATION		175		183.73		1.05	.833		45.93		.87
AMBULANCES/AIR TRANS	1	7		128.46		18.35	.033		128.46		.61
OTHER TRANS	3	17		109.73		6.45	.081		36.58		.52
OTHER SERVICES	2	151		54.46C	R	.36CR			27.230	R	.26CR
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	15	145.67	9.71	.071	29.13	.69
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	15	29	1,650.12	56.90	.138	110.01	7.86
HOSPICE SERVICES	1	1	113.62	113.62	.005	113.62	.54
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	402	292.67	.73	1.914	58.53	1.39
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00		\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	68	298	\$ 15,632.99	\$ 52.46	1.419	\$ 229.90	\$ 74.44

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INDOE BIIII INCE INCEOBED :		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,265
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED	

							MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	€		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PATHOLOGY RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	
PSYCHIATRY	0	0	.00		.000	.00	.00
IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
	0	-	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$ 0		·	.000 \$	.00	
PRESCRIPTION DRUGS SNF/ICF	0	0	.00	.00	.000	.00	.00
	0	0		.00	.000		.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES @DENTIST	0	0 \$	.00	.00	.000	.00	.00
-	0	0	.00	.00	.000 \$ .000	.00	
VISITS - DIAGNOSTIC	0	0	.00	.00		.00	.00
ORAL SURGERY	0	0			.000		.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.000		.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00		.000	.00	.00
RESTORATIVE DENTISTRY PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0					
	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.000		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	v	· · · · · · · · · · · · · · · · · · ·	.00	.00	.000	.00	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	O NEDI CAI CEDITCE	O AND EXPENDED MONE		.00			.00
			H-OF-PAIMENT REF	ORI FOR JAN 200	U4 IRKU DEC	2004	
MOP024 LAKE COUNTY	FEE-FOR-SERVICE/	DENTAL CES FOR MN - LONG TERM	CADE - EAMITTEC	DISCOMPTNITE	D		03/14/05
TAKE COUNTI	POLIMENT OF SEKAT	CES FOR MIN - LONG TERM	CARD - LAMILLES			HIV VIDV	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				-
OO ETIGIDIES	CALACO	OR DAYS OF CARE	TVEFINDIIOVES	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	OR DAIS OF CARE  0 \$	.00	\$ .00	.000 \$		
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
DIAGNOSTIC AND ANC. FINOCED	O	O	.00	.00	.000	.00	• • • •

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	5	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	5	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
OTHER	0		,					
@HOME HEALTH AGENCY	0	0 \$			\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0 \$			\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0 \$			\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	5	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	3	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0 \$	5	.00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
	· · · · · · · · · · · · · · · · · · ·	-						
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	Ô	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 s	:		\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0 5	,	.00	.00	.000	.00	.00
	0	0						
HSC HOSPITALS	0	-		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	U	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
	0	0			.00	.000		.00
RADIOLOGY	0	•		.00			.00	
ROOM USE	· ·	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
	MEDI-CAL SERVICES AND		MONTH-OF	-PAYMENT REP	ORT FOR JAN	2004 THRU	DEC 2004	PAGE 5,267
	FEE-FOR-SERVICE/DENTAL							03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FO	OR MN - LONG	TERM CAR	E - FAMILIES	DISCONTIN	IUED		

		OR DAYS OF CARE				DFR	UNIT/DAY	PER ELIG		USER	,	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DATS OF CARE	\$		.00	\$	.00	.000		.00	\$	.00
COMM HOSP INPATIENT TOTAL	0	0	τ		.00	т	.00	.000	т	.00	т	.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0			.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	_		.00	_	.00	.000	_	.00	_	.00
@LABORATORY FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
XO AND OTHERS	0	0	Ċ		.00	ć	.00	.000	Ċ	.00	ć	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC		U AND EXPENDIMIT	EC MO									
		ES AND EXPENDITUR	ES MO	NTH-OF-PAYM	IENT RE	EPORT	FOR JAN 2	004 THRU	DEC	2004	P	03/14/05
	FEE-FOR-SERVICE	ICES FOR MN - LO	NC TE	DM CADE _ E	ד ד ד א איב	E C	DICCOMMINI	ED				03/14/03
LAKE COUNTY	SUMMARI OF SERV	ICES FOR MN - LC	NG IL	RM CARE - F	AMITTI	E S				HLY AVERA	CF.	
00 ELIGIBLES	USERS	UNITS OF SERVICE	!	EXPENDIT	TIRES	<b>⊼</b> 17₽						
OO EHIGIDHES	0.0117.0	OR DAYS OF CARE		DVEDNOTT	. 01/11/0		IINITE / DAM	DED DITC		HODD		T T C T D T D
@ALL OTHER PROVIDERS	0	OR DAIS OF CARE			.00		.00	000	Ś	.00	Ś	.00
DURABLE MED. EQUIP.	0	0	Y		.00	Y	.00	.000	Y	.00	Y	.00
BLOOD BANK	0	0			.00		.00	. 0 0 0		.00		.00
PHOOD DIMIK	9	0			• 0 0		.00	.000		.00		• 0 0

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,269
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

DARE COUNT	DOLLINATE OF DELL	VICED FOR THE HORSE	DIM CAME IOTAL				
					MON	THLY AVERAC	SE
2,037 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,110	75 <b>,</b> 251 \$	6,331,340.80	\$ 84.14	36.942 \$	3000.64	\$ 3108.17
@PHYSICIANS SERVICES	191	357 \$	5,745.99	\$ 16.10	.175 \$	30.08	\$ 2.82
OUTPATIENT VISITS	3	3	154.80	51.60	.001	51.60	.08
OFFICE VISITS	1	1	18.10	18.10	.000	18.10	.01
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	136.70	68.35	.001	68.35	.07
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	21	32	779.14	24.35	.016	37.10	.38
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	21	32	779.14	24.35	.016	37.10	.38
OPHTHALMOLOGICAL SERVICES	1	1	37.15	37.15	.000	37.15	.02
EXAMINATIONS	1	1	37.15	37.15	.000	37.15	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	2	Ā		650 15		160.04	000		206 00		2.0
OUTPATIENT SURGERY	2	4		652.17		163.04	.002		326.09		.32
PRINCIPAL SURGEON	2	2		560.82		280.41	.001		280.41		.28
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	2		91.35		45.68	.001		91.35		.04
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	168	317		4,122.73		13.01	.156		24.54		2.02
@PHARMACY	1,695	12,110	\$	686,136.67	\$	56.66	5.945	\$	404.80	\$	336.84
PRESCRIPTION DRUGS	1,689	11,745		682,644.30		58.12	5.766		404.17		335.12
SNF/ICF	1,614	11,521		675,120.25		58.60	5.656		418.29		331.43
OUTPATIENTS	80	224		7,524.05		33.59	.110		94.05		3.69
MEDICAL SUPPLIES	58	365		3,492.37		9.57	.179		60.21		1.71
@DENTIST	151	234	\$	12,368.00	\$	52.85	.115	\$	81.91	\$	6.07
VISITS - DIAGNOSTIC	149	197		5,510.00		27.97	.097		36.98		2.70
ORAL SURGERY	2	15		718.00		47.87	.007		359.00		.35
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.000		100.00		.05
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	11	21		6,040.00		287.62	.010		549.09		2.97
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MONTH-		REPORT			DEC 2	2004	PΑ	AGE 5,270
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05

LAKE COUNTY	SUMMARY OF SERV	/ICES FOR MN - 1	LONG !	TERM CARE - TOTAL			3.4	O N T F		CE	
2 027 ELICIPIES	HCEDC	INTER OF CEDUT	ישר	EADENDIMIDEC	7\ \ 7	ERAGE COST			THLY AVERA	.GE	
2,037 ELIGIBLES	USERS	UNITS OF SERVIOR OR DAYS OF CAR		EXPENDITURES			/	_			COST PER
A O DECOMEED TOE	2.1			1 570 65		R UNIT/DAY 17.36	.045		USER 50.96	ċ	ELIGIBLE
@OPTOMETRIST	31	91	\$	1,579.65	\$			Ş		Ş	.78
DIAGNOSTIC AND ANC. PROCED	3	3		142.35		47.45	.001		47.45		.07
EYE APPLIANCES	30	86		1,413.05		16.43	.042		47.10		.69
OTHER OPTOMETRIC SERVICES	1	2		24.25		12.13	.001		24.25		.01
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	256	354	\$	,	\$	4.80	.174	Ş	6.64	Ş	.83
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	256	354		1,700.58		4.80	.174		6.64		.83
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000		.00		.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00		\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00		\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$		\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$		\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	99	606	\$	102,118.71	\$	168.51	.297	\$	1031.50	\$	50.13
HOSP INPATIENT TOTAL	24	64		94,704.08		1479.75	.031		3946.00		46.49
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	64		78,961.82		1233.78	.031		39480.91		38.76
ACCOMMODATIONS	2	64		29,507.40		461.05	.031		14753.70		14.49
ADMINISTRATIVE DAYS	1	22		5,088.60		231.30	.011		5088.60		2.50
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	42		24,418.80		581.40	.021		24418.80		11.99
ANCILLARIES	2	0		49,454.42		.00	.000		24727.21		24.28
INPATIENT CROSSOVERS	22	0		15,742.26		.00	.000		715.56		7.73
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	89	542		7,414.63		13.68	.266		83.31		3.64
MEDICAL	2	2		281.66		140.83	.001		140.83		.14
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	11	25		235.31		9.41	.012		21.39		.12
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	77	515		6,897.66		13.39	.253		89.58		3.39
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	·	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	Ő	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ő	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	ñ	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
0011 002	9	Ŭ		• 0 0		• • • •	• 0 0 0		• • • •		• • • •

MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

LAKE COUNTI	SUMMARI OF SERVI	OL - NIM AU1 64D.	NG	IERM CARE - IOIAL	1		_				
0.027 51 5655 56									HLY AVERA	-	
2,037 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
0.000,000,000,000,000,000,000,000,000,0	0.0	OR DAYS OF CARE		100 110 71			PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	99 24	606	\$	102,118.71		168.51		Ş	1031.50	\$	50.13
COMM HOSP INPATIENT TOTAL		64 0		94,704.08		1479.75	.031		3946.00		46.49
HSC HOSPITALS	0	•		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	2 2	64		78,961.82		1233.78	.031		39480.91		38.76
ACCOMMODATIONS	∠	64		29,507.40		461.05	.031		14753.70		14.49
ADMINISTRATIVE DAYS	1	22		5,088.60		231.30	.011		5088.60		2.50
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	42		24,418.80		581.40	.021		24418.80		11.99
ANCILLARIES	2	0		49,454.42		.00	.000		24727.21		24.28
INPATIENT CROSSOVERS	22	0		15,742.26		.00	.000		715.56		7.73
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	89	542		7,414.63		13.68	.266		83.31		3.64
MEDICAL	2	2		281.66		140.83	.001		140.83		.14
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	11	25		235.31		9.41	.012		21.39		.12
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	77	515		6,897.66		13.39	.253		89.58		3.39
@STATE HOSPITAL	0	0	\$	.00		.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1,703	49 <b>,</b> 269	\$	5,096,386.98	\$	103.44	24.187	\$		\$	2501.91
LEV A-INTERMEDIATE	0	0		.00	)	.00	.000		.00		.00
LEV B-REHAB MD	14	610		67 <b>,</b> 514.20		110.68	.299		4822.44		33.14
LEV B-SUBACUTE FREESTANDING	1	44		12,131.84		275.72	.022		12131.84		5.96
LEV B-SUBACUTE HSPTL BASED	3	231		122,017.56		528.21	.113		40672.52		59.90
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1,686	48 <b>,</b> 384		4,894,723.38	3	101.16	23.753		2903.16		2402.91
@INTERMEDIATE CARE FACILDD	61	1,777	\$	266,408.24	\$	149.92	.872	\$	4367.35	\$	130.78
ICF DDH	61	1,777		266,408.24	ŀ	149.92	.872		4367.35		130.78
ICF DD	0	0		.00	)	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	) \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	) \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	)	.00	.000		.00		.00
@LABORATORY FACILITY	2	3	\$	45.93	\$	15.31	.001	\$	22.97	\$	.02
PATHOLOGY	0	0		.00	)	.00	.000		.00		.00
XO AND OTHERS	2	3		45.93	3	15.31	.001		22.97		.02
@ORGANIZED OUTPATIENT CLINIC	85	120	\$	9,378.69	\$	78.16	.059	\$	110.34	\$	4.60
CLINIC	0	0		.00	)	.00	.000		.00		.00
SURGICENTER	2	7		611.06	)	87.29	.003		305.53		.30
HEROIN DETOX CLINIC	0	0		.00	)	.00	.000		.00		.00
RURAL HEALTH CLINIC	84	113		8,767.63	3	77.59	.055		104.38		4.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		ES	MONTH-OF-PAYMENT	REPOR'	r for Jan	2004 THRU	DEC		P	AGE 5,272
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
LAKE COUNTY	SUMMARY OF SERVI	CES FOR MN - LO	NG	TERM CARE - TOTAL	ı						

2,037 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
_		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG		ELIGIBLE
@ALL OTHER PROVIDERS	323	10,330	\$ 149,471.36		5.071	•	·
DURABLE MED. EQUIP.	79	585	58,323.84	99.70	.287	738.28	28.63
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	617.82	308.91	.001	308.91	.30
MEDICAL TRANSPORTATION	70	686	3 <b>,</b> 993.99	5.82	.337	57.06	1.96
AMBULANCES/AIR TRANS	15	121	1,832.85	15.15	.059	122.19	.90
OTHER TRANS	59	398	2,044.16	5.14	.195	34.65	1.00
OTHER SERVICES	6	167	116.98	.70	.082	19.50	.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	34	75	868.90	11.59	.037	25.56	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	7	16	9.33	.58	.008	1.33	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	71	166	10,677.99	64.33	.081	150.39	5.24
HOSPICE SERVICES	28	801	69,780.57	87.12	.393	2492.16	34.26
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	49	7,999	5,198.92	.65	3.927	106.10	2.55
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	718	1,593	\$ 127,513.11	\$ 80.05	.782	\$ 177.59	\$ 62.60

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,273
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

EMILE COUNTY	DOMINICI OF DELC	VICED FOR THEFTOR	1111111	LLDI MOLD					
						MC	NTHLY AVERA	GE	
5,926 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	Œ		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	5,546	109,674	\$	7,071,084.52	\$ 64.47	18.507	\$ 1274.99	\$	1193.23
@PHYSICIANS SERVICES	821	2 <b>,</b> 923	\$	54,589.69	\$ 18.68	.493	\$ 66.49	\$	9.21
OUTPATIENT VISITS	55	87		4,205.90	48.34	.015	76.47		.71
OFFICE VISITS	31	49		1,447.40	29.54	.008	46.69		.24
HOME VISITS	1	1		34.30	34.30	.000	34.30		.01
EMERGENCY ROOM	25	37		2,724.20	73.63	.006	108.97		.46
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	24	59		2 <b>,</b> 386.66	40.45	.010	99.44		.40
HOSPITAL VISITS	13	39		1,827.43	46.86	.007	140.57		.31
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	12	20		559.23	27.96	.003	46.60		.09
OPHTHALMOLOGICAL SERVICES	14	15		548.36	36.56	.003	39.17		.09

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	14	15		548.36		36.56	.003		39.17		.09
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	6	42		3,693.83		87.95	.007		615.64		.62
PRINCIPAL SURGEON	4	11		3,118.60		283.51	.002		779.65		.53
ASSISTANT SURGEON	1	1		71.85		71.85	.000		71.85		.01
ANESTHESIOLOGIST	2	30		503.38		16.78	.005		251.69		.08
OUTPATIENT SURGERY	16	47		3,668.60		78.06	.008		229.29		.62
PRINCIPAL SURGEON	15	27		3,331.94		123.41	.005		222.13		.56
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	20		336.66		16.83	.003		168.33		.06
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	6	7		202.92		28.99	.001		33.82		.03
RADIOLOGY	41	93		2,781.32		29.91	.016		67.84		.47
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2		43.76		21.88	.000		21.88		.01
OTHER SERVICES/ALL X-OVERS	733	2,571		37,058.34		14.41	.434		50.56		6.25
@PHARMACY	4,344	29,532	\$	1,344,443.83	\$	45.52	4.983	\$	309.49	\$	226.87
PRESCRIPTION DRUGS	4,294	22,045		1,307,430.01		59.31	3.720		304.48		220.63
SNF/ICF	1,571	11,154		619,239.13		55.52	1.882		394.17		104.50
OUTPATIENTS	2,731	10,891		688,190.88		63.19	1.838		251.99		116.13
MEDICAL SUPPLIES	310	7,487		37,013.82		4.94	1.263		119.40		6.25
@DENTIST	194	440	\$	21,976.50	\$	49.95	.074	\$	113.28	\$	3.71
VISITS - DIAGNOSTIC	174	305		6,759.50		22.16	.051		38.85		1.14
ORAL SURGERY	6	46		2,158.00		46.91	.008		359.67		.36
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	3	3 2		400.00		133.33	.001		133.33		.07
PERIODONTICS	2	2		236.00		118.00	.000		118.00		.04
ENDODONTICS	5	7		1,451.00		207.29	.001		290.20		.24
RESTORATIVE DENTISTRY	13	37		2,285.00		61.76	.006		175.77		.39
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	17	42		8,687.00		206.83	.007		511.00		1.47
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	2CR		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES M	ONTH-OF-PAYMENT RI	EPOR'	T FOR JAN	2004 THRU	DEC	2004	P	AGE 5,274
MOP024	FEE-FOR-SERVICE/DEN	TAL									03/14/05
LAKE COUNTY	SUMMARY OF SERVICES	FOR MEDICA	LLY N	EEDY - AGED							
							M	ONT	HLY AVERA	GE ·	

						M	ON'.	I'HLY AVERA	ŒĔ	
5,926 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	141	367	\$ 7,226.41	\$	19.69	.062	\$	51.25	\$	1.22
DIAGNOSTIC AND ANC. PROCED	5	5	256.90		51.38	.001		51.38		.04
EYE APPLIANCES	129	334	6,395.17		19.15	.056		49.57		1.08
OTHER OPTOMETRIC SERVICES	15	28	574.34		20.51	.005		38.29		.10
@CHIROPRACTOR	7	12	\$ 161.69	\$	13.47	.002	\$	23.10	\$	.03
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	7	12	161.69		13.47	.002		23.10		.03
@PODIATRIST	247	349	\$ 1,847.55	\$	5.29	.059	\$	7.48	\$	.31
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	247	349	1,847.55		5.29	.059		7.48		.31
@HOME HEALTH AGENCY	4	22	\$ 1,551.44	\$	70.52	.004	\$	387.86	\$	.26
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00

NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
@TOTAL HOSPITAL	752	4,731	\$ 429,564.00	\$ 90.80	.798	\$	571.23	\$ 72.49
HOSP INPATIENT TOTAL	105	124	350,073.61	2823.17	.021	3	334.03	59.07
HSC HOSPITALS	3	24	30,079.00	1253.29	.004	10	026.33	5.08
NON-HSC HOSPITAL TOTAL	19	100	244,151.38	2441.51	.017	12	850.07	41.20
ACCOMMODATIONS	19	100	81,985.85	819.86	.017	4	315.04	13.83
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	19	100	81,985.85	819.86	.017	4	315.04	13.83
ANCILLARIES	19	0	162,165.53	.00	.000	8	535.03	27.37
INPATIENT CROSSOVERS	83	0	75,843.23	.00	.000		913.77	12.80
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	697	4,607	79,490.39	17.25	.777		114.05	13.41
MEDICAL	12	17	1,119.71	65.87	.003		93.31	.19
SURGERY	4	4	240.83	60.21	.001		60.21	.04
PATHOLOGY	35	135	1,662.23	12.31	.023		47.49	.28
RADIOLOGY	32	49	3,113.48	63.54	.008		97.30	.53
ROOM USE	20	22	1,023.91	46.54	.004		51.20	.17
CROSSOVERS/ALL OTH OUTPINT	651	4,380	72,330.23	16.51	.739		111.11	12.21
@COUNTY HOSPITAL TOTAL	1	2	\$ 63.19	\$ 31.60	.000	\$	63.19	\$ .01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

CO HOSP OUTPATIENT TOTAL	1	2	63.19	31.60	.000	63.19	.01
MEDICAL	1	1	27.50	27.50	.000	27.50	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.69	35.69	.000	35.69	.01
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU	DEC 2004	PAGE 5,275
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FO	OR MEDICALLY	NEEDY - AGED				

DAKE COUNTI	SOMMAN OF SERV	TOR MEDICAL	111 11	EEDI AGED			M	∩NT⊓	THLY AVERA	CF	
5,926 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\ 7.71	ERAGE COST			COST PER		COST PER
J, 920 EHIGIDHES	02512	OR DAYS OF CARE		EXFENDITORES		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	751	4,729	\$	429,500.81	\$	90.82	.798			ċ	72.48
-	105	124	Ą		ې	2823.17	.021	Ą	3334.03	Ş	59.07
COMM HOSP INPATIENT TOTAL				350,073.61							
HSC HOSPITALS	3	24		30,079.00		1253.29	.004		10026.33		5.08
NON-HSC HOSPITALS TOTAL	19	100		244,151.38		2441.51	.017		12850.07		41.20
ACCOMMODATIONS	19	100		81,985.85		819.86	.017		4315.04		13.83
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	19	100		81,985.85		819.86	.017		4315.04		13.83
ANCILLARIES	19	0		162,165.53		.00	.000		8535.03		27.37
INPATIENT CROSSOVERS	83	0		75,843.23		.00	.000		913.77		12.80
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	696	4,605		79,427.20		17.25	.777		114.12		13.40
MEDICAL	11	16		1,092.21		68.26	.003		99.29		.18
SURGERY	4	4		240.83		60.21	.001		60.21		.04
PATHOLOGY	35	135		1,662.23		12.31	.023		47.49		.28
RADIOLOGY	32	49		3,113.48		63.54	.008		97.30		.53
ROOM USE	19	21		988.22		47.06	.004		52.01		.17
CROSSOVERS/ALL OTH OUTPINT	651	4,380		72,330.23		16.51	.739		111.11		12.21
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś		\$	.00
MENTALLY ILL	0	0	•	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1,671	47,441	\$	4,822,796.67	\$	101.66	8.006	\$	2886.17	\$	813.84
LEV A-INTERMEDIATE	0	0	7	.00	-	.00	.000	Т.	.00	т.	.00
LEV B-REHAB MD	14	610		67,514.20		110.68	.103		4822.44		11.39
LEV B-SUBACUTE FREESTANDING		44		12,131.84		275.72	.007		12131.84		2.05
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1,656	46,787		4,743,150.63		101.38	7.895		2864.22		800.40
@INTERMEDIATE CARE FACILDD	9	244	Ś		Ċ	140.69		Ċ	3814.31	Ċ	5.79
ICF DDH	۵	244	Ÿ	34,328.80	Ÿ	140.69	.041	٧	3814.31	Ÿ	5.79
ICF DDN	0	0		.00		.00	.000		.00		.00
ICF DD ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
	1	1	\$	432.25	\$	432.25	.000	ċ	432.25	ċ	.07
@HEMODIALYSIS TOTAL HOSPITAL BASED	1	0	Ą	.00	ş	.00	.000	Ą	.00	Ą	.00
	1	1		432.25		432.25	.000		432.25		.07
HEMODIALYSIS CENTER	0	0	Ċ		Ċ	.00	.000	ċ		Ċ	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ş		\$	.00
HOSPITAL BASED	0	•							.00		
INDEPENDENT FACILITY	9	0	Ċ	.00	ć	.00	.000	Ċ	.00	Ċ	.00
@LABORATORY FACILITY	9	26	\$	246.97	\$	9.50	.004	Þ	27.44	Þ	.04
PATHOLOGY	7	23		201.04		8.74	.004		28.72		.03
XO AND OTHERS	2	3	_	45.93	_	15.31	.001	_	22.97	_	.01
@ORGANIZED OUTPATIENT CLINIC	994	1,686	\$	127,291.33	\$	75.50	.285	Ş	128.06	Ş	21.48
CLINIC	7	15		348.56		23.24	.003		49.79		.06

 
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 .0 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,276 MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED 03/14/05

LAKE COUNTI	SUMMARI OF SERV	VICES FOR MEDICA	71111	NEEDI - AGED				
						MOI	NTHLY AVERA	GE
5,926 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CAP	RΕ		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	762	21,900	\$	224,627.39	\$ 10.26	3.696	\$ 294.79	\$ 37.91
DURABLE MED. EQUIP.	83	620		57 <b>,</b> 756.22	93.16	.105	695.86	9.75
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2		617.82	308.91	.000	308.91	.10
MEDICAL TRANSPORTATION	101	9,694		23,717.97	2.45	1.636	234.83	4.00
AMBULANCES/AIR TRANS	32	460		4,991.70	10.85	.078	155.99	.84
OTHER TRANS	73	9,181		18,325.52	2.00	1.549	251.03	3.09
OTHER SERVICES	10	53		400.75	7.56	.009	40.08	.07
ACUPUNCTURE	5	10		173.01	17.30	.002	34.60	.03
ADULT DAY HEALTH CARE CTR	13	186		12,952.32	69.64	.031	996.33	2.19
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	48	186		17,774.51	95.56	.031	370.30	3.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	144	336		3,879.04	11.54	.057	26.94	.65
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	7	16		9.33	.58	.003	1.33	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	87	201		16,787.14	83.52	.034	192.96	2.83
HOSPICE SERVICES	29	832		72,533.21	87.18	.140	2501.15	12.24
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	292	9,817		18,426.82	1.88	1.657	63.11	3.11
@CALIF. CHILDREN SERVICES*	1	1	\$	44.60	\$ 44.60	.000	\$ 44.60	\$ .01
@XOVER EXCLUDING STATE HOSP**	1,864	11,395	\$	338,444.73	\$ 29.70	1.923	\$ 181.57	\$ 57.11
A* TOTALS IN THESE LINES ARE	CIVEN AS A SEDAI	·	ТТЕМ	-				

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

LAKE COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,277 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 LAKE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

								MC	TNC	HLY AVERA	GE	
27 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS	OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	7		119	\$	11,062.84	\$	92.97	4.407	\$	1580.41	\$	409.73
@PHYSICIANS SERVICES	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	U										
SERVICES AND MATERIALS	U	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0									
DIALYSIS	U	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	3	14	Ś	1,491.07	Ġ		.519	Ċ		Ś	55.22
PRESCRIPTION DRUGS	2	14	Y	1,491.07	٧	106.51	.519	Y	497.02	Y	55.22
	3	14							497.02		55.22
SNF/ICF	3			1,491.07		106.51	.519				
OUTPATIENTS	Ü	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$		\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
	0	0									
RESTORATIVE DENTISTRY	U	U		.00		.00	.000		.00		.00
PROSTHETICS	Ü	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•	CES AND EXPENDITUR	EG 1		E DOD1			DEC		D7	GE 5,278
			LO I	TONIII OF FAIMENT K	E CIVI	. FOR UAN 20	04 11110		2004	I Z	03/14/05
MOP024	FEE-FOR-SERVIC										03/14/05
LAKE COUNTY	SUMMARY OF SER	VICES FOR MEDICAL	LYI	MEEDA - BLIND							
							M				
27 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST U	NITS/DAY	S C	COST PER	C	OST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	Ċ		ċ			ċ	.00	Ċ	.00
•	•		\$	.00	\$	.00	.000	Ą		ې	
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0 \$	3	.00	Ś	.00	.000	Ś	.00	\$	.00
NURSE ANESTHESIST	0	0 \$	3	.00	\$	.00		\$	.00	\$	.00
NURSE MIDWIFE	0	0 \$	2	.00	\$	.00	.000	\$	.00	\$	.00
	0	0 \$	•	.00	\$				.00	\$	
PEDIATRIC NURSE PRACTITIONER	0	0 \$	•			.00	.000	\$			.00
FAMILY NURSE PRACTITIONER	0		•	.00	\$	.00		\$	.00	\$	.00
@TOTAL HOSPITAL	1	13 \$		150.16	\$	11.55		\$	150.16	\$	5.56
HOSP INPATIENT TOTAL	Ü	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	13		150.16		11.55	.481		150.16		5.56
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	1	13		150.16		11.55	.481		150.16		5.56
@COUNTY HOSPITAL TOTAL	0	0 \$	:	.00	\$	.00	.000	¢	.00	Ġ	.00
CO HOSPITAL INPATIENT TOTAL	0	0	,	.00	Ÿ	.00	.000	Y	.00	Ÿ	.00
HSC HOSPITALS	0	0									
	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	•		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	U	U		.00		.00	.000		.00		.00
ANCILLARIES	O	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONT	H-OF-PAYMENT RE	PORT	FOR JAN	2004 THRU D	DEC	2004	PAGE	E 5,279
MOP024	FEE-FOR-SERVICE	/DENTAL								(	03/14/05
LAKE COUNTY		ICES FOR MEDICALLY	NEED	Y - BLIND							
							MC	NTE	HLY AVERA	GE	
27 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3 (	COST PER	COS	ST PER
		OR DAYS OF CARE					PER ELIG		USER	ELI	IGIBLE
@COMMUNITY HOSPITAL TOTAL	1	13 \$	5	150.16	\$	11.55		\$	150.16		5.56
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
110001110D111 TONO	O	O		.00		.00	.000		• • • •		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	13	150.16	11.55	.481	150.16	5.56
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	13	150.16	11.55	.481	150.16	5.56
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5	91	\$ 9,407.57	\$ 103.38	3.370	\$ 1881.51	\$ 348.43
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5	91	9,407.57	103.38	3.370	1881.51	348.43
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

0	0	.00	.00	.000	.00	.00
0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	1 \$	14.04	\$ 14.04	.037 \$	14.04	\$ .52
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	1	14.04	14.04	.037	14.04	.52
		NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DEG	C 2004	PAGE 5,280
FEE-FOR-SERVICE/DENTAL	ı					03/14/05
SUMMARY OF SERVICES FO	OR MEDICALLY NE	EDY - BLIND				
				MON'	THLY AVERA	GE
		EXPENDITURES		UNITS/DAYS	COST PER	COST PER
OR DA	YS OF CARE			PER ELIG		ELIGIBLE
0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
					.00	.00
	FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FO USERS UNITS	FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MEDICALLY NEW	0 0 \$ .00 0 0 .00 0 0 .00 1 1 1 \$ 14.04 0 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 1 1 1 1 14.04 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REFEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND  USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE 0 0 \$ .00 0 0 .00 0 0 .00	0 0 \$ .00 \$ .00 0 0 .00 .00 0 0 .00 .00 1 1 1 \$ 14.04 \$ 14.04 0 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	0	O

27 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$		\$ .00
@XOVER EXCLUDING STATE HOSP**	3	13 \$	426.13	\$ 32.78	.481 \$	142.04	\$ 15.78

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,281
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

							MO	NTHLY AVERA	.GE	
3,795 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVER.	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	Ξ		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3,802	72,161	\$	3,861,908.39	\$	53.52	19.015	\$ 1015.76	\$	1017.63
@PHYSICIANS SERVICES	871	3,122	\$	104,044.13	\$	33.33	.823	\$ 119.45	\$	27.42

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	279	358		16,121.02		45.03	.094		57.78		4.25
OFFICE VISITS	180	230		8,065.66		35.07	.061		44.81		2.13
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	103	118		7,765.80		65.81	.031		75.40		2.05
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	10	10		289.56		28.96	.003		28.96		.08
INPATIENT VISITS	62	244		10,360.56		42.46	.064		167.11		2.73
HOSPITAL VISITS	45	214		9,265.92		43.30	.056		205.91		2.44
CRITICAL CARE	3	5		482.60		96.52	.001		160.87		.13
SNF/ICF/TRANS IP CARE	18	25		612.04		24.48	.007		34.00		.16
OPHTHALMOLOGICAL SERVICES	14	14		525.81		37.56	.004		37.56		.14
	14	14		525.81		37.56	.004		37.56		.14
EXAMINATIONS	0	0									
SERVICES AND MATERIALS	•			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	29	283		9,821.09		34.70	.075		338.66		2.59
PRINCIPAL SURGEON	14	19		3,896.72		205.09	.005		278.34		1.03
ASSISTANT SURGEON	6	6		1,620.07		270.01	.002		270.01		.43
ANESTHESIOLOGIST	13	258		4,304.30		16.68	.068		331.10		1.13
OUTPATIENT SURGERY	66	191		15,088.11		79.00	.050		228.61		3.98
PRINCIPAL SURGEON	60	73		13,091.62		179.34	.019		218.19		3.45
ASSISTANT SURGEON	1	1		56.22		56.22	.000		56.22		.01
ANESTHESIOLOGIST	13	117		1,940.27		16.58	.031		149.25		.51
DIALYSIS	7	33		2,369.42		71.80	.009		338.49		.62
PATHOLOGY	64	102		2,691.25		26.38	.027		42.05		.71
RADIOLOGY	196	405		15,483.28		38.23	.107		79.00		4.08
PSYCHIATRY	1	1		21.89		21.89	.000		21.89		.01
IMMUNIZATION AND INJECTION	17	231		8,636.65		37.39	.061		508.04		2.28
OTHER SERVICES/ALL X-OVERS	497	1,260		22,925.05		18.19	.332		46.13		6.04
@PHARMACY	2,880		\$	1,359,874.47	\$	46.43	7.718	\$		\$	358.33
PRESCRIPTION DRUGS	2,846	14,269		1,327,449.36		93.03	3.760		466.43		349.79
SNF/ICF	149	1,214		98,904.04		81.47	.320		663.79		26.06
OUTPATIENTS	2,701	13,055		1,228,545.32		94.11	3.440		454.85		323.73
MEDICAL SUPPLIES	255	15,021		32,425.11		2.16	3.958		127.16		8.54
@DENTIST	109	•	\$	21,081.35	\$	52.57		\$	193.41	Ś	5.56
VISITS - DIAGNOSTIC	69	168	т	2,709.00	4	16.13	.044	т.	39.26	4	.71
ORAL SURGERY	24	147		6,520.35		44.36	.039		271.68		1.72
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	3	3		200.00		66.67	.001		66.67		.05
PERIODONTICS	1	1		118.00		118.00	.000		118.00		.03
ENDODONTICS ENDODONTICS	6	7		1,750.00		250.00	.002		291.67		.46
RESTORATIVE DENTISTRY	20	44		3,343.00		75.98	.012		167.15		.88
PROSTHETICS	2	2		30.00		15.00	.001		15.00		.01
	12	29		6,411.00		221.07	.001		534.25		1.69
DENTURES, STAYPLATES	0	0		· · · · · · · · · · · · · · · · · · ·		.00			.00		.00
SPACE MAINTAINERS	•			.00			.000				
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE:	S M	40NTH-OF-PAYMENT RI	EPORI	FOR JAN 2	2004 THRU D	EC	2004	Р	PAGE 5,282
MOP024	FEE-FOR-SERVICE										03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR MEDICALL	Y N	NEEDY - DISABLED							
							MO				
3,795 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	С			COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	122	343	\$	6,274.14	\$		.090	\$	51.43	\$	1.65
DIAGNOSTIC AND ANC. PROCED	24	25		1,035.25		41.41	.007		43.14		.27

EYE APPLIANCES	111	299		4,660.13		15.59	.079	41.98		1.23
OTHER OPTOMETRIC SERVICES	14	19		578.76		30.46	.005	41.34		.15
@CHIROPRACTOR	2	9	\$	61.13	\$	6.79	.002	\$ 30.57	Ś	.02
VISITS	0	0		.00	•	.00	.000			.00
OTHER SERVICES	2	9		61.13		6.79	.002			.02
@PODIATRIST	35	43	\$	491.39	Ś	11.43	.011		Ċ	.13
	0	0	Y		Ÿ			.00	Y	
MEDICINE/INJECTIONS	· ·			.00		.00	.000			.00
SURGERY/ANES.	0	0		.00		.00	.000			.00
RADIO./PATHOLOGY	0	0		.00		.00	.000			.00
OTHER	35	43		491.39		11.43	.011			.13
@HOME HEALTH AGENCY	38	3 <b>,</b> 322	\$	114,604.87	\$	34.50	.875	\$ 3015.92	\$	30.20
NURSE ANESTHESIST	2	19	\$	316.72	\$	16.67	.005	\$ 158.36	\$	.08
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	Ś	.00	.000			.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000			.00
@TOTAL HOSPITAL	851	5,084	\$	959,684.63		188.77	1.340			252.88
HOSP INPATIENT TOTAL	79	296	Υ	824,222.10	Υ	2784.53	.078	10433.19	Ψ.	217.19
	8									
HSC HOSPITALS		47		70,072.00		1490.89	.012	8759.00		18.46
NON-HSC HOSPITAL TOTAL	37	249		660,985.11		2654.56	.066			174.17
ACCOMMODATIONS	37	249		206,153.33		827.93	.066			54.32
ADMINISTRATIVE DAYS	1	22		5 <b>,</b> 088.60		231.30	.006			1.34
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	36	227		201,064.73		885.75	.060	5585.13		52.98
ANCILLARIES	37	0		454,831.78		.00	.000	12292.75		119.85
INPATIENT CROSSOVERS	36	0		93,164.99		.00	.000	2587.92		24.55
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	801	4,788		135,462.53		28.29	1.262			35.70
MEDICAL	118	217		11,914.22		54.90	.057			3.14
SURGERY	31	31		1,787.41		57.66	.008	57.66		.47
PATHOLOGY	249	1,140		14,553.17		12.77	.300			3.83
RADIOLOGY	163	235		19,626.86		83.52	.062			5.17
	149			•						2.78
ROOM USE		213		10,564.83		49.60	.056			
CROSSOVERS/ALL OTH OUTPTNT	523	2,952	_	77,016.04	_	26.09	.778	147.26	_	20.29
@COUNTY HOSPITAL TOTAL	6	24	\$	13,241.95	Ş	551.75		\$ 2206.99	Ş	3.49
CO HOSPITAL INPATIENT TOTAL		11		12,760.00		1160.00	.003			3.36
HSC HOSPITALS	1	11		12,760.00		1160.00	.003			3.36
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000			.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000			.00
ALL OTHER INPATIENT	0	0		.00		.00	.000			.00
CO HOSP OUTPATIENT TOTAL	5	13		481.95		37.07	.003			.13
	4	4						30.33		.03
MEDICAL	4	4		121.31		30.33	.001			
SURGERY	1	1		115.70		115.70	.000			.03
PATHOLOGY	1	Ţ		25.10		25.10	.000			.01
RADIOLOGY	1_	2		39.01		19.51				.01
ROOM USE	5	5		180.83		36.17				.05
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000			.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURI	ES MONT	H-OF-PAYMENT R	EPOR'	T FOR JAN	2004 THRU	DEC 2004	P	AGE 5,283
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FO	R MEDICAL	LY NEED	Y - DISABLED						
							1	MONTHLY AVER	ACF .	

		OR DAYS OF CARE	,		DFI	R UNIT/DAY	DER FITC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	849	5,060	\$	946,442.68	\$	187.04			1114.77		249.39
COMM HOSP INPATIENT TOTAL	79	285	-	811,462.10	4	2847.24	.075		10271.67	7	213.82
HSC HOSPITALS	7	36		57,312.00		1592.00	.009		8187.43		15.10
NON-HSC HOSPITALS TOTAL	37	249		660,985.11		2654.56	.066		17864.46		174.17
ACCOMMODATIONS	37	249		206,153.33		827.93	.066		5571.71		54.32
ADMINISTRATIVE DAYS	1	22		5,088.60		231.30	.006		5088.60		1.34
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	36	227		201,064.73		885.75	.060		5585.13		52.98
ANCILLARIES	37	0		454,831.78		.00	.000		12292.75		119.85
INPATIENT CROSSOVERS	36	0		93,164.99		.00	.000		2587.92		24.55
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	799	4,775		134,980.58		28.27	1.258		168.94		35.57
MEDICAL	115	213		11,792.91		55.37	.056		102.55		3.11
SURGERY	30	30		1,671.71		55.72	.008		55.72		.44
PATHOLOGY	248	1,139		14,528.07		12.76	.300		58.58		3.83
RADIOLOGY	162	233		19,587.85		84.07	.061		120.91		5.16
ROOM USE	146	208		10,384.00		49.92	.055		71.12		2.74
CROSSOVERS/ALL OTH OUTPINT	523	2,952		77,016.04		26.09	.778		147.26		20.29
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	т	.00	т	.00	.000	Τ.	.00	т	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	148	4,318	\$	608,741.24	\$	140.98	1.138	Ś		Ś	160.41
LEV A-INTERMEDIATE	0	0	т	.00	т	.00	.000	т	.00	т	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	3	231		122,017.56		528.21	.061		40672.52		32.15
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	146	4,087		486,723.68		119.09	1.077		3333.72		128.25
@INTERMEDIATE CARE FACILDD	52	1,533	\$	232,079.44	Ś	151.39		Ś	4463.07	Ś	61.15
ICF DDH	52 52	1,533	7	232,079.44	4	151.39	.404	-1	4463.07	7	61.15
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	36	102	\$	51,445.46	\$	504.37	.027	\$	1429.04	\$	13.56
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	36	102		51,445.46		504.37	.027		1429.04		13.56
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	39	139	\$	2,449.77	\$	17.62	.037	\$	62.81	\$	.65
PATHOLOGY	37	130		2,394.57		18.42	.034		64.72		.63
XO AND OTHERS	2	9		55.20		6.13	.002		27.60		.01
@ORGANIZED OUTPATIENT CLINIC	1,429	3 <b>,</b> 199	\$	256,912.89	\$	80.31	.843	\$		\$	67.70
CLINIC	4	8		267.09		33.39	.002		66.77		.07
SURGICENTER	4	7		725.64		103.66	.002		181.41		.19
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,425	3,184		255,920.16		80.38	.839		179.59		67.44
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES I	MONTH-OF-PAYMENT RI	EPOR'	T FOR JAN 2	2004 THRU	DEC	2004	P	AGE 5,284
MOP024	FEE-FOR-SERVICE										03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	LY 1	NEEDY - DISABLED							
							M				
3,795 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	487	21,237	\$	•	\$	6.77	5.596	\$		\$	37.90
DURABLE MED. EQUIP.	55	196		50,722.11		258.79	.052		922.22		13.37
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	Ō	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	86	14,799	39,362.12	2.66	3.900	457.70	10.37
AMBULANCES/AIR TRANS	53	1,023	8,660.19	8.47	.270	163.40	2.28
OTHER TRANS	25	13,563	26,955.48	1.99	3.574	1078.22	7.10
OTHER SERVICES	13	213	3,746.45	17.59	.056	288.19	.99
ACUPUNCTURE	3	10	173.01	17.30	.003	57.67	.05
ADULT DAY HEALTH CARE CTR	1	5	347.90	69.58	.001	347.90	.09
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	44	311	26,499.55	85.21	.082	602.26	6.98
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	116	294	4,460.60	15.17	.077	38.45	1.18
PHYSICAL THERAPIST	8	95	1,387.96	14.61	.025	173.50	.37
PORTABLE X-RAY	1	2	1.31	.66	.001	1.31	.00
PROSTHETIST/ORTHOTISTS	7	24	3,431.25	142.97	.006	490.18	.90
PROSTHETICS	7	24	3,431.25	142.97	.006	490.18	.90
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	20	40	3 <b>,</b> 077.98	76.95	.011	153.90	.81
HOSPICE SERVICES	6	50	5,486.28	109.73	.013	914.38	1.45
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	12	441	3 <b>,</b> 115.55	7.06	.116	259.63	.82
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	169	4,970	5,781.14	1.16	1.310	34.21	1.52
@CALIF. CHILDREN SERVICES*	13	142	\$ 36,205.80	\$ 254.97	.037	\$ 2785.06	•
@XOVER EXCLUDING STATE HOSP**	857	11,654	\$ 197,904.64	\$ 16.98	3.071	\$ 230.93	\$ 52.15

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,285 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

FEE-FOR-SERVICE/DENTAL

MOP024

					MON	THLY AVERAG	E
57,663 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	29,353 7,349	153,059 \$	11,753,403.98	\$ 76.79	2.654 \$		
@PHYSICIANS SERVICES	7.349	23,401 \$	937,578.81	\$ 40.07	.406 \$		
OUTPATIENT VISITS	4,343	8,565	264,916.73	30.93	.149	61.00	4.59
OFFICE VISITS	1,455	1,814	60,363.41	33.28	.031	41.49	1.05
HOME VISITS	,	1,014	.00	.00	.000	.00	.00
EMERGENCY ROOM	2 <b>,</b> 520	2,843	157,448.95	55.38	.049	62.48	2.73
PREVENTIVE CARE	2,320 7	2,043	286.68	35.84	.049	40.95	.00
	440		44,528.09		.066		.77
OB VISITS/COMPRE PERI OTHER OUTPATIENT	64	3,828 72		11.63 31.80	.001	101.20 35.78	.04
	276		2,289.60	72.61	.022	339.09	1.62
INPATIENT VISITS	263	1,289	93,588.47				.73
HOSPITAL VISITS	263 42	914	41,939.22	45.89	.016	159.46	
CRITICAL CARE		374	51,621.75	138.03	.006	1229.09	.90
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.000	27.50	.00
OPHTHALMOLOGICAL SERVICES	112	136	5,317.31	39.10	.002	47.48	.09
EXAMINATIONS	112	136	5,317.31	39.10	.002	47.48	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	348	2,755	170,943.99	62.05	.048	491.22	2.96
PRINCIPAL SURGEON	234	296	129,240.53	436.62	.005	552.31	2.24
ASSISTANT SURGEON	23	23	5,345.07	232.39	.000	232.39	.09
ANESTHESIOLOGIST	145	2,436	36,358.39	14.93	.042	250.75	.63
OUTPATIENT SURGERY	832	2,342	134,515.51	57.44	.041	161.68	2.33
PRINCIPAL SURGEON	699	845	106,157.95	125.63	.015	151.87	1.84
ASSISTANT SURGEON	1	1	46.91	46.91	.000	46.91	.00
ANESTHESIOLOGIST	178	1,496	28 <b>,</b> 310.65	18.92	.026	159.05	.49
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	784 2 <b>,</b> 385	1,241	31,267.51 112,525.91	25.20	.022	39.88	.54
RADIOLOGY	2,385	3,806	,	29.57	.066	47.18	1.95
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	91 743	1,376	73,011.54	53.06	.024	802.32	1.27
OTHER SERVICES/ALL X-OVERS	743	1,891	51,491.84	27.23	.033	69.30	.89
@PHARMACY	13,553	42,784 \$	1,891,180.81		.742 \$		\$ 32.80
PRESCRIPTION DRUGS	13,448	33,089	1,865,435.29	56.38	.574	138.71	32.35
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	13,448	33 <b>,</b> 089	1,865,435.29	56.38	.574	138.71	32.35
MEDICAL SUPPLIES	300 1,094	9 <b>,</b> 695	25,745.52	2.66	.168	85.82	.45
@DENTIST	1,094	5 <b>,</b> 052 \$	204,566.35	\$ 40.49	.088 \$	186.99	\$ 3.55
VISITS - DIAGNOSTIC	742 185	2,730	45,081.13	16.51	.047	60.76	.78
ORAL SURGERY	185	711	39,838.20	56.03	.012	215.34	.69
DRUGS	27	29	600.00	20.69	.001	22.22	.01
ANESTHESIA	35	38	3,000.00	78.95	.001	85.71	.05
PERIODONTICS	4	4	273.12	68.28	.000	68.28	.00
ENDODONTICS	108	211	35,630.75	168.87	.004	329.91	.62
RESTORATIVE DENTISTRY	387	1,151	63,649.15	55.30	.020	164.47	1.10
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	21	86	11,941.00	138.85	.001	568.62	.21
SPACE MAINTAINERS	<u> </u>	14	1,393.00	99.50	.000	126.64	.02
MAXILLOFACIAL SERVICES	2	2	137.50	68.75	.000	68.75	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	18	27	2,917.50	108.06	.000	162.08	.05
ALL OTHER SERVICES	40	48	75.00	1.56	.001	1.88	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO					PAGE 5,286
MODO24	FEE-EOD-CEDVIC			,		<del>-</del>	02/11/05

03/14/05

							M	CNO	HLY AVERA	GE.	
57,663 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	840	2,309	\$	52,703.81	\$	22.83	.040	\$	62.74	\$	.91
DIAGNOSTIC AND ANC. PROCED	590	595		26,324.50		44.24	.010		44.62		.46
EYE APPLIANCES	631	1,687		25,692.02		15.23	.029		40.72		.45
OTHER OPTOMETRIC SERVICES	26	27		687.29		25.46	.000		26.43		.01
@CHIROPRACTOR	138	200	\$	3,306.38	\$	16.53	.003	\$	23.96	\$	.06
VISITS	137	198		3,272.94		16.53	.003		23.89		.06
OTHER SERVICES	1	2		33.44		16.72	.000		33.44		.00
@PODIATRIST	4	4	\$	179.01	\$	44.75	.000	\$	44.75	\$	.00
MEDICINE/INJECTIONS	1	1		62.41		62.41	.000		62.41		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	3	3		116.60		38.87	.000		38.87		.00
@HOME HEALTH AGENCY	98	371	\$	21,220.63	\$	57.20	.006	\$	216.54	\$	.37
NURSE ANESTHESIST	30	251	\$		\$		.004		140.94		.07
NURSE MIDWIFE	10	107	\$		\$	26.86	.002			\$	.05
PEDIATRIC NURSE PRACTITIONER	0	0	\$		\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	1	1	\$		\$	75.17	.000		75.17		.00
@TOTAL HOSPITAL	7,314	31,075	\$		\$	162.94	.539				87.81
HOSP INPATIENT TOTAL	426	1,999		4,274,368.36		2138.25	.035		10033.73	·	74.13
HSC HOSPITALS	78	698		1,175,002.05		1683.38	.012		15064.13		20.38
NON-HSC HOSPITAL TOTAL	347	1,301		3,094,146.31		2378.28	.023		8916.85		53.66
ACCOMMODATIONS	347	1,301		925,730.73		711.55	.023		2667.81		16.05
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	347	1,301		925,730.73		711.55	.023		2667.81		16.05
ANCILLARIES	347	0		2,168,415.58		.00	.000		6249.04		37.60
INPATIENT CROSSOVERS	6	0		5,220.00		.00	.000		870.00		.09
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7,066	29 <b>,</b> 076		789,045.14		27.14	.504		111.67		13.68
MEDICAL	1,308	2,134		81,563.78		38.22	.037		62.36		1.41
SURGERY	419	523		26,323.60		50.33	.009		62.82		.46
PATHOLOGY	3,313	12,765		169,559.87		13.28	.221		51.18		2.94
RADIOLOGY	2,301	3,137		233,073.03		74.30	.054		101.29		4.04
ROOM USE	3,455	4,432		189,368.36		42.73	.077		54.81		3.28
CROSSOVERS/ALL OTH OUTPTNT	2,312	6,085		89,156.50		14.65	.106		38.56		1.55
@COUNTY HOSPITAL TOTAL	13	54	\$	3,075.20	\$		.001	Ś	236.55	Ś	.05
CO HOSPITAL INPATIENT TOTAL	1	1	7	1,200.01	-	1200.01	.000	-1	1200.01	7	.02
HSC HOSPITALS	1	1		1,200.01		1200.01	.000		1200.01		.02
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	12	53		1,875.19		35.38	.001		156.27		.03
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	4	6		181.16		30.19	.000		45.29		.00
PATHOLOGY	4	17		469.04		27.59	.000		117.26		.01
RADIOLOGY	1	1		38.54		38.54	.000		38.54		.00
ROOM USE	10	16		813.01		50.81	.000		81.30		.01
NOON ODE	± 0	10		013.01		30.01	.000		01.50		• • •

FEE-FOR-SERVICE/DENTAL

MOP024

LAKE COUNTY

LAKE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

03/14/05

LAKE COUNTY	SUMMARY OF SER	VICES FOR MEDICALLY	NEEDY - FAMILIES					
					MON			
57,663 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	_	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7,306	31,021 \$	5,060,338.30	\$ 163.13	.538 \$		\$	87.76
COMM HOSP INPATIENT TOTAL	425	1,998	4,273,168.35	2138.72	.035	10054.51		74.11
HSC HOSPITALS	77	697	1,173,802.04	1684.08	.012	15244.18		20.36
NON-HSC HOSPITALS TOTAL	347	1,301	3,094,146.31	2378.28	.023	8916.85		53.66
ACCOMMODATIONS	347	1,301	925,730.73	711.55	.023	2667.81		16.05
ADMINISTRATIVE DAYS	0	. 0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM		1,301	925,730.73	711.55	.023	2667.81		16.05
ANCILLARIES	347 347	0	2,168,415.58	.00	.000	6249.04		37.60
INPATIENT CROSSOVERS	6	0	5,220.00	.00	.000	870.00		.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	7,057	29,023	787,169.95	27.12	.503	111.54		13.65
MEDICAL	1,308	2,134	81,563.78	38.22	.037	62.36		1.41
SURGERY	415	517	26,142.44	50.57	.009	62.99		.45
PATHOLOGY	3,310	12,748	169,090.83	13.26	.221	51.08		2.93
	2,300	3,136		74.31	.054	101.32		4.04
RADIOLOGY	2,300 3,448	3,136 4,416	233,034.49		.077	54.69		3.27
ROOM USE		•	188,555.35	42.70				1.54
CROSSOVERS/ALL OTH OUTPINT		6,072	88,783.06	14.62	.105	38.48	<u> </u>	
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$		\$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	1	4 \$	947.28	\$ 236.82	.000 \$		\$	.02
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING		0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	1	4	947.28	236.82	.000	947.28		.02
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$		\$	.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	5	111 \$	5 <b>,</b> 850.94	\$ 52.71	.002 \$		\$	.10
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	5	111	5,850.94	52.71	.002	1170.19		.10
@REHABILITATION FACILITY	1	2 \$	158.44	\$ 79.22	.000 \$	158.44	\$	.00
HOSPITAL BASED	1	2	158.44	79.22	.000	158.44		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	520	1,530 \$	23,279.48	\$ 15.22	.027 \$	44.77	\$	.40
PATHOLOGY	518	1,520	23,250.79	15.30	.026	44.89		.40
XO AND OTHERS	2	10	28.69	2.87	.000	14.35		.00
@ORGANIZED OUTPATIENT CLINIC	15,200	25,400 \$	3,274,701.21	\$ 128.93	.440 \$		\$	56.79
CLINIC	151	614	23,925.37	38.97	.011	158.45	·	.41
SURGICENTER	34	170	6,279.57	36.94	.003	184.69		.11
HEROIN DETOX CLINIC	1	21	240.98	11.48	.000	240.98		.00
RURAL HEALTH CLINIC	15,051	24,595	3,244,255.29	131.91	.427	215.55		56.26
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES					ΡZ	AGE 5,288
MOP024	FEE-FOR-SERVICE				111110 DD		- 1	03/14/05
TAKE COUNTRY		MICEC FOR MERICALLY	NEEDY EAMILTES					33, 11, 03

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

57,663 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE	2		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,405	20,457	\$	267,140.25	\$ 13.06	.355	\$ 111.08	\$ 4.63
DURABLE MED. EQUIP.	113	226		15,868.15	70.21	.004	140.43	.28
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	366	11,608		156,381.57	13.47	.201	427.27	2.71
AMBULANCES/AIR TRANS	363	5 <b>,</b> 846		88,366.18	15.12	.101	243.43	1.53
OTHER TRANS	3	5 <b>,</b> 729		9,140.39	1.60	.099	3046.80	.16
OTHER SERVICES	33	33		58,875.00	1784.09	.001	1784.09	1.02
ACUPUNCTURE	53	138		2,357.27	17.08	.002	44.48	.04
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	59	59		6,195.00	105.00	.001	105.00	.11
IHMC, MODEL-NF, NF, AIDS, MSSP	13	56		8,511.20	151.99	.001	654.71	.15
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	563	1,285		11,804.30	9.19	.022	20.97	.20
PHYSICAL THERAPIST	87	761		11,429.83	15.02	.013	131.38	.20
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	44	84		10,031.48	119.42	.001	227.99	.17
PROSTHETICS	43	83		9,991.93	120.38	.001	232.37	.17
ORTHOTICS	1	1		39.55	39.55	.000	39.55	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	18	57		2,295.22	40.27	.001	127.51	.04
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,018	2 <b>,</b> 975		38,340.86	12.89	.052	37.66	.66
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	119	3,208		3,925.37	1.22	.056	32.99	.07
@CALIF. CHILDREN SERVICES*	168	4,478	\$	920,721.52	\$ 205.61	.078	\$ 5480.49	\$ 15.97
@XOVER EXCLUDING STATE HOSP**	167	2,447	\$	19,000.69	\$ 7.76	.042	\$ 113.78	\$ .33

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,289
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

LINCE COUNTY	DOLLINI OF DELL	VICED FOR THEFTON	TTT IV.					
						MO	NTHLY AVERA	GE
67,411 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	38 <b>,</b> 708	335,013	\$	22,697,459.73	\$ 67.75	4.970	\$ 586.38	\$ 336.70
@PHYSICIANS SERVICES	9,041	29,446	\$	1,096,212.63	\$ 37.23	.437	\$ 121.25	\$ 16.26
OUTPATIENT VISITS	4,677	9,010		285,243.65	31.66	.134	60.99	4.23
OFFICE VISITS	1,666	2,093		69,876.47	33.39	.031	41.94	1.04
HOME VISITS	1	1		34.30	34.30	.000	34.30	.00
EMERGENCY ROOM	2,648	2 <b>,</b> 998		167,938.95	56.02	.044	63.42	2.49
PREVENTIVE CARE	7	8		286.68	35.84	.000	40.95	.00
OB VISITS/COMPRE PERI	440	3,828		44,528.09	11.63	.057	101.20	.66
OTHER OUTPATIENT	74	82		2,579.16	31.45	.001	34.85	.04
INPATIENT VISITS	362	1,592		106,335.69	66.79	.024	293.75	1.58
HOSPITAL VISITS	321	1,167		53,032.57	45.44	.017	165.21	.79
CRITICAL CARE	45	379		52,104.35	137.48	.006	1157.87	.77
SNF/ICF/TRANS IP CARE	31	46		1,198.77	26.06	.001	38.67	.02
OPHTHALMOLOGICAL SERVICES	140	165		6,391.48	38.74	.002	45.65	.09

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	140	165	6,391.48	38.	74 .002	4	15.65	.09
SERVICES AND MATERIALS	0	0	.00		.000		.00	.00
INPATIENT HOSPITAL SURGERY	383	3,080	184,458.91	59.	.046	48	31.62	2.74
PRINCIPAL SURGEON	252	326	136,255.85	417.	96 .005	54	10.70	2.02
ASSISTANT SURGEON	30	30	7,036.99	234.	57 .000	23	34.57	.10
ANESTHESIOLOGIST	160	2,724	41,166.07	15.	.040	25	7.29	.61
OUTPATIENT SURGERY	914	2,580	153,272.22	59.	.038	16	57.69	2.27
PRINCIPAL SURGEON	774	945	122,581.51	129.		15	8.37	1.82
ASSISTANT SURGEON	2	2	103.13	51.	57 .000		51.57	.00
ANESTHESIOLOGIST	193	1,633	30,587.58	18.	73 .024	15	8.48	.45
DIALYSIS	7	33	2,369.42	71.	.000	33	38.49	.04
PATHOLOGY	854	1,350	34,161.68	25.		4	10.00	.51
RADIOLOGY	2,622	4,304	130,790.51	30.	39 .064	4	19.88	1.94
PSYCHIATRY	1	1	21.89	21.	89 .000	2	21.89	.00
IMMUNIZATION AND INJECTION	110	1,609	81 <b>,</b> 691.95	50.	77 .024	74	12.65	1.21
OTHER SERVICES/ALL X-OVERS	1,973	5 <b>,</b> 722	111,475.23	19.	48 .085		6.50	1.65
@PHARMACY	20,780	101,620	\$ 4,596,990.18	\$ 45.	24 1.507	\$ 22	21.22	\$ 68.19
PRESCRIPTION DRUGS	20,591	69 <b>,</b> 417	4,501,805.73	64.	85 1.030	21	.8.63	66.78
SNF/ICF	1,723	12,382	719,634.24	58.			.7.66	10.68
OUTPATIENTS	18,880	57 <b>,</b> 035	3,782,171.49	66.	31 .846	20	0.33	56.11
MEDICAL SUPPLIES	865	32,203	95 <b>,</b> 184.45	2.	96 .478	11	0.04	1.41
@DENTIST	1 <b>,</b> 397	5 <b>,</b> 893	\$ 247,624.20	\$ 42.	02 .087	\$ 17	77.25	\$ 3.67
VISITS - DIAGNOSTIC	985	3,203	54 <b>,</b> 549.63	17.	03 .048		55.38	.81
ORAL SURGERY	215	904	48,516.55	53.			25.66	.72
DRUGS	27	29	600.00	20.			22.22	.01
ANESTHESIA	41	44	3,600.00	81.			37.80	.05
PERIODONTICS	7	7	627.12	89.	59 .000	8	39.59	.01
ENDODONTICS	119	225	38 <b>,</b> 831.75	172.		32	26.32	.58
RESTORATIVE DENTISTRY	420	1,232	69 <b>,</b> 277.15	56.		16	54.95	1.03
PROSTHETICS	3	3	60.00	20.	.000	2	20.00	.00
DENTURES, STAYPLATES	50	157	27,039.00	172.	.002	54	10.78	.40
SPACE MAINTAINERS	11	14	1,393.00	99.	50 .000	12	26.64	.02

MAXILLOFACIAL SERVICES	2	2	137.50	68.75	.000	68.75	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	18	27	2,917.50	108.06	.000	162.08	.04
ALL OTHER SERVICES	41	46	75.00	1.63	.001	1.83	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN	2004 THRU D	EC 2004	PAGE 5,290
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					03/14/05
LAKE COUNTY	SUMMARY OF SERVICES	FOR MEDICALLY	NEEDY - TOTAL				

LAKE COUNTI	SOMMANI OF SEN	VICES FOR MEDICA.	י דתר	NEEDI IOIAL			MO	דואר	THIV AWERA	CF	
67,411 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	Z\ 7.7	ERAGE COST			COST PER	LOLI	COST PER
07,411 EDIGIDEES	ODERO	OR DAYS OF CAR		EXIENDITORES		R UNIT/DAY		5	USER		ELIGIBLE
@OPTOMETRIST	1,103	3,019	\$	66,204.36	\$		.045	Ś	60.02	Ś	.98
DIAGNOSTIC AND ANC. PROCED	619	625	Υ	27,616.65	۲	44.19	.009	۲	44.61	7	.41
EYE APPLIANCES	871	2,320		36,747.32		15.84	.034		42.19		.55
OTHER OPTOMETRIC SERVICES	55	74		1,840.39		24.87	.001		33.46		.03
@CHIROPRACTOR	147	221	\$		\$	15.97	.003	ċ	24.01	Ċ	.05
VISITS	137	198	۲	3,272.94	۲	16.53	.003	۲	23.89	۲	.05
OTHER SERVICES	10	23		256.26		11.14	.000		25.63		.00
@PODIATRIST	286	396	\$		\$	6.36	.006	ċ	8.80	ċ	.04
-	200		Ą	62.41	Ş			Ą	62.41	Ą	.00
MEDICINE/INJECTIONS	0	1 0				62.41	.000				
SURGERY/ANES.	0			.00		.00	.000		.00		.00
RADIO./PATHOLOGY	285	0		.00		.00	.000		.00		.00
OTHER		395	<u> </u>	2,455.54	<u>^</u>	6.22	.006	<u>^</u>	8.62	<u>^</u>	.04
@HOME HEALTH AGENCY	140	3,715	\$		\$	36.98	.055		981.26		2.04
NURSE ANESTHESIST	32	270	\$	4,544.78	\$	16.83	.004		142.02	\$	.07
NURSE MIDWIFE	10	107	\$	2,873.85	\$	26.86	.002		287.39	\$	.04
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000			\$	.00
FAMILY NURSE PRACTITIONER	1	1	\$	75.17	\$	75.17	.000		75.17		.00
@TOTAL HOSPITAL	8,918	40,903	Ş	6,452,812.29	Ş	157.76	.607	Ş	723.57	Ş	95.72
HOSP INPATIENT TOTAL	610	2,419		5,448,664.07		2252.44	.036		8932.24		80.83
HSC HOSPITALS	89	769		1,275,153.05		1658.20	.011		14327.56		18.92
NON-HSC HOSPITAL TOTAL	403	1,650		3,999,282.80		2423.81	.024		9923.78		59.33
ACCOMMODATIONS	403	1,650		1,213,869.91		735.68	.024		3012.08		18.01
ADMINISTRATIVE DAYS	1	22		5,088.60		231.30	.000		5088.60		.08
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	402	1,628		1,208,781.31		742.49	.024		3006.92		17.93
ANCILLARIES	403	0		2,785,412.89		.00	.000		6911.69		41.32
INPATIENT CROSSOVERS	125	0		174,228.22		.00	.000		1393.83		2.58
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8,565	38,484		1,004,148.22		26.09	.571		117.24		14.90
MEDICAL	1,438	2,368		94,597.71		39.95	.035		65.78		1.40
SURGERY	454	558		28,351.84		50.81	.008		62.45		.42
PATHOLOGY	3 <b>,</b> 597	14,040		185,775.27		13.23	.208		51.65		2.76
RADIOLOGY	2,496	3,421		255,813.37		74.78	.051		102.49		3.79
ROOM USE	3,624	4,667		200,957.10		43.06	.069		55.45		2.98
CROSSOVERS/ALL OTH OUTPTNT	3,487	13,430		238,652.93		17.77	.199		68.44		3.54
@COUNTY HOSPITAL TOTAL	20	80	\$	16,380.34	\$	204.75	.001	\$	819.02	\$	.24
CO HOSPITAL INPATIENT TOTAL	2	12		13,960.01		1163.33	.000		6980.01		.21
HSC HOSPITALS	2	12		13,960.01		1163.33	.000		6980.01		.21
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	18	68	2,420.33	35.59	.001	134.46	.04
MEDICAL	5	5	148.81	29.76	.000	29.76	.00
SURGERY	5	7	296.86	42.41	.000	59.37	.00
PATHOLOGY	5	18	494.14	27.45	.000	98.83	.01
RADIOLOGY	2	3	77.55	25.85	.000	38.78	.00
ROOM USE	16	22	1,029.53	46.80	.000	64.35	.02
CROSSOVERS/ALL OTH OUTPINT	6	13	373.44	28.73	.000	62.24	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 20	04 THRU DE	C 2004	PAGE 5,291
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					03/14/05
LAKE COUNTY	SUMMARY OF SERVICES	FOR MEDICALLY	NEEDY - TOTAL				
				_	MON	מססוות עדטייו	`F

						MO	NTHLY AVERA	GE.	
67,411 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8 <b>,</b> 907	40,823	\$	6,436,431.95	\$ 157.67	.606	\$ 722.63	\$	95.48
COMM HOSP INPATIENT TOTAL	609	2,407		5,434,704.06	2257.87	.036	8923.98		80.62
HSC HOSPITALS	87	757		1,261,193.04	1666.04	.011	14496.47		18.71
NON-HSC HOSPITALS TOTAL	403	1,650		3,999,282.80	2423.81	.024	9923.78		59.33
ACCOMMODATIONS	403	1,650		1,213,869.91	735.68	.024	3012.08		18.01
ADMINISTRATIVE DAYS	1	22		5,088.60	231.30	.000	5088.60		.08
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	402	1,628		1,208,781.31	742.49	.024	3006.92		17.93
ANCILLARIES	403	0		2,785,412.89	.00	.000	6911.69		41.32
INPATIENT CROSSOVERS	125	0		174,228.22	.00	.000	1393.83		2.58
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	8,553	38,416		1,001,727.89	26.08	.570	117.12		14.86
MEDICAL	1,434	2,363		94,448.90	39.97	.035	65.86		1.40
SURGERY	449	551		28,054.98	50.92	.008	62.48		.42
PATHOLOGY	3,593	14,022		185,281.13	13.21	.208	51.57		2.75
RADIOLOGY	2,494	3,418		255,735.82	74.82	.051	102.54		3.79
ROOM USE	3,613	4,645		199,927.57	43.04	.069	55.34		2.97
CROSSOVERS/ALL OTH OUTPINT	3,482	13,417		238,279.49	17.76	.199	68.43		3.53
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000		Ś	.00
MENTALLY ILL	0	0	Y	.00	.00	.000	.00	Y	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	1,825	51,854	\$		\$ 104.95	.769		Ś	80.73
LEV A-INTERMEDIATE	0	0	Y	.00	.00	.000	.00	Y	.00
LEV B-REHAB MD	14	610		67,514.20	110.68	.009	4822.44		1.00
LEV B-SUBACUTE FREESTANDING	1	44		12,131.84	275.72	.001	12131.84		.18
LEV B-SUBACUTE HSPTL BASED	3	231		122,017.56	528.21	.003	40672.52		1.81
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	1,808	50,969		5,240,229.16	102.81	.756	2898.36		77.74
@INTERMEDIATE CARE FACILDD	61	1,777	\$		\$ 149.92		\$ 4367.35	Ċ	3.95
ICF DDH	61	1,777	Ÿ	266,408.24	149.92	.026	4367.35	Ÿ	3.95
ICF DD	0	1, ///		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	42	214	\$		\$ 269.76	.003		Ċ	.86
HOSPITAL BASED	0	0	Ą	.00	.00	.003	.00	ې	.00
	42					.003			.86
HEMODIALYSIS CENTER	42	214	Ċ			.003	1374.49 \$ 158.44	ċ	.00
@REHABILITATION FACILITY	1	2 2	\$	158.44 158.44	\$ 79.22 79.22	.000	158.44	Ş	.00
HOSPITAL BASED	0	0							
INDEPENDENT FACILITY	-	•	Ċ	.00	.00	.000	.00	Ċ	.00
@LABORATORY FACILITY	568	1,695	\$		\$ 15.33	.025		Ş	.39
PATHOLOGY	562	1,673		25,846.40	15.45	.025	45.99		.38
XO AND OTHERS	6	22	<u> </u>	129.82	5.90	.000	21.64	<u> </u>	.00
@ORGANIZED OUTPATIENT CLINIC	17,624	30,286	\$	-, ,	\$ 120.81	.449		Ş	54.28
CLINIC	162	637		24,541.02	38.53	.009	151.49		.36

SURGICENTER 43 184 8,341.12 45.33 .003 193.98 .12 21 HEROIN DETOX CLINIC 1 240.98 11.48 .000 240.98 .00 RURAL HEALTH CLINIC 17,460 29,444 3,625,796.35 123.14 .437 207.66 53.79 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 #CALIF DEPT OF HEALTH SERV PAGE 5,292 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MONIBULLY ALIEDACE

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SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

						MC	NTHLY AVERA	GE	
67,411 ELIGIBLES	USERS U	NITS OF SERVIC	Έ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	T PER
		OR DAYS OF CAR	RE		PER UNIT/DAY	PER ELIG	USER	ELIC	GIBLE
@ALL OTHER PROVIDERS	3,654	63 <b>,</b> 594	\$	635,614.40	\$ 9.99	.943	\$ 173.95	\$	9.43
DURABLE MED. EQUIP.	251	1,042		124,346.48	119.33	.015	495.40		1.84
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	2	2		617.82	308.91	.000	308.91		.01
MEDICAL TRANSPORTATION	553	36,101		219,461.66	6.08	.536	396.86		3.26
AMBULANCES/AIR TRANS	448	7 <b>,</b> 329		102,018.07	13.92	.109	227.72		1.51
OTHER TRANS	101	28,473		54,421.39	1.91	.422	538.83		.81
OTHER SERVICES	56	299		63,022.20	210.78	.004	1125.40		.93
ACUPUNCTURE	61	158		2,703.29	17.11	.002	44.32		.04
ADULT DAY HEALTH CARE CTR	14	191			69.63	.003	950.02		.20
GENETIC DISEASE TESTING	59	59		6,195.00	105.00	.001	105.00		.09
IHMC, MODEL-NF, NF, AIDS, MSSP	105	553		52,785.26	95.45	.008	502.72		.78
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	823	1,915		20,143.94	10.52	.028	24.48		.30
PHYSICAL THERAPIST	95	856		12 <b>,</b> 817.79	14.97	.013	134.92		.19
PORTABLE X-RAY	8	18		10.64	.59	.000	1.33		.00
PROSTHETIST/ORTHOTISTS	51	108		13,462.73	124.65	.002	263.98		.20
PROSTHETICS	50	107		13,423.18	125.45	.002	268.46		.20
ORTHOTICS	1	1		39.55	39.55	.000	39.55		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	125	298		22,160.34	74.36	.004	177.28		.33
HOSPICE SERVICES	35	882		78,019.49	88.46	.013	2229.13		1.16
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	1,030	3,416		41,456.41	12.14	.051	40.25		.61
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	580	17 <b>,</b> 995		28,133.33		.267	48.51		.42
@CALIF. CHILDREN SERVICES*	182	4,621	\$	956 <b>,</b> 971.92	\$ 207.09	.069	\$ 5258.09	\$	14.20
@XOVER EXCLUDING STATE HOSP**	2,891	25,509	\$	555,776.19	\$ 21.79	.378	\$ 192.24	\$	8.24
0* TOTALS IN THESE LINES ARE GIVE	EN AS A SEPARAT	E INFORMATION	ITEM	ONLY;					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

LAKE COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,293
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

						MON	THLI AVERAC	-E
4,270 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2 <b>,</b> 505	10,851	\$	835,146.08	\$ 76.96	2.541 \$	333.39	\$ 195.58
@PHYSICIANS SERVICES	582	1,694	\$	70,790.17	\$ 41.79	.397 \$	121.63	\$ 16.58
OUTPATIENT VISITS	382	774		24,938.16	32.22	.181	65.28	5.84
OFFICE VISITS	125	166		5,462.83	32.91	.039	43.70	1.28
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	222	261		14,480.69	55.48	.061	65.23	3.39
PREVENTIVE CARE	1	1		65.78	65.78	.000	65.78	.02
OB VISITS/COMPRE PERI	40	336		4,647.20	13.83	.079	116.18	1.09

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	10	10		281.66	28.17	.002	28.17		.07
INPATIENT VISITS	33	173		13,639.07	78.84	.041	413.31		3.19
HOSPITAL VISITS	28	120		6,824.17	56.87		243.72		1.60
CRITICAL CARE	7	53		6,814.90	128.58	.012	973.56		1.60
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	8	9		339.27	37.70	.002	42.41		.08
EXAMINATIONS	8	9		339.27	37.70	.002	42.41		.08
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	29	151		13,646.46	90.37	.035	470.57		3.20
PRINCIPAL SURGEON	22	29		9,778.05	337.17	.007	444.46		2.29
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	11	122		3,868.41	31.71	.029	351.67		.91
OUTPATIENT SURGERY	55	129		6,901.38	53.50	.030	125.48		1.62
PRINCIPAL SURGEON	47	61		5,576.00	91.41	.014	118.64		1.31
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	10	68		1,325.38	19.49	.016	132.54		.31
DIALYSIS	1	2		302.42	151.21	.000	302.42		.07
PATHOLOGY	51	69		1,922.54	27.86	.016	37.70		.45
RADIOLOGY	155	214		4,847.92	22.65	.050	31.28		1.14
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	5	9		169.34	18.82	.002	33.87		.04
		164		4,083.61	24.90	.038			.96
@PHARMACY	65 977 967 7 960 35 68 44 15	2,524	\$	123,413.42		.591	\$ 126.32	\$	28.90
PRESCRIPTION DRUGS	967	1,953		119,518.10	61.20	.457	123.60	·	27.99
SNF/ICF	7	51		4,292.90	84.17	.012	613.27		1.01
OUTPATIENTS	960	1,902		115,225.20	60.58	.445	120.03		26.98
MEDICAL SUPPLIES	35	571		3,895.32	6.82	.134	111.29		.91
@DENTIST	68	375	\$	14,924.35		.088		\$	3.50
VISITS - DIAGNOSTIC	44	226	·	4,008.85	17.74	.053	91.11	·	.94
ORAL SURGERY	15	55		5,255.00	95.55	.013	350.33		1.23
DRUGS	0	1		25.00	25.00	.000	.00		.01
ANESTHESIA	3	5		500.00	100.00	.001	166.67		.12
PERIODONTICS	0	Ō		.00	.00	.000	.00		.00
ENDODONTICS	7	11		2,310.90	210.08	.003	330.13		.54
RESTORATIVE DENTISTRY	18	67		2,754.60	41.11	.016	153.03		. 65
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	Ö		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	2	2		70.00	35.00	.000	35.00		.02
ALL OTHER SERVICES	3	8		.00	.00	.002	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		JRES M					P	AGE 5,294
MOP024	FEE-FOR-SERVICE/DEN							-	03/14/05
TAKE COUNTY			NTO 00		112 4N4 F12 7E C	0 00 007			00, 11, 00

MOP024 FEE-FOR-SERVICE/DENTAL LAKE COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

4,270 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 63 148 3,893.81 \$ 26.31 .035 \$ 61.81 \$ .91 51 51 45.72 .012 45.72 .55 DIAGNOSTIC AND ANC. PROCED 2,331.84 EYE APPLIANCES 35 96 1,550.56 16.15 .022 44.30 .36 OTHER OPTOMETRIC SERVICES 1 1 11.41 11.41 .000 11.41 .00 16.72 23.41 \$ .03 @CHIROPRACTOR 117.04 \$ .002 \$ VISITS 5 7 117.04 16.72 .002 23.41 .03 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 @PODIATRIST 37.42 \$ 37.42 .000 \$ 37.42 \$ .01

----- MONTHLY AVERAGE -----

MEDICINE/INJECTIONS	1	1	37.42	37.42	.000	37.42	2	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	)	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	)	.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	11	21	\$ 1,303.68	\$ 62.08	.005	\$ 118.52	2 \$	.31
NURSE ANESTHESIST	2	12	\$ 208.94	\$ 17.41	.003	\$ 104.4	7 \$	.05
NURSE MIDWIFE	3	4	\$ 170.51	\$ 42.63	.001	\$ 56.8	1 \$	.04
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	) \$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	) \$	.00
@TOTAL HOSPITAL	570	2,719	\$ 328,836.59	\$ 120.94	.637	\$ 576.93	L \$	77.01
HOSP INPATIENT TOTAL	36	133	232,723.58	1749.80	.031	6464.5	1	54.50
HSC HOSPITALS	8	60	85,172.00	1419.53	.014	10646.50	)	19.95
NON-HSC HOSPITAL TOTAL	28	73	147,551.58	2021.25	.017	5269.70	)	34.56
ACCOMMODATIONS	28	73	51,409.34	704.24	.017	1836.0	5	12.04
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	)	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	)	.00
ALL OTHER ACCOM	28	73	51,409.34	704.24	.017	1836.0	5	12.04
ANCILLARIES	28	0	96,142.24	.00	.000	3433.6	5	22.52
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	)	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	)	.00
HOSP OUTPATIENT TOTAL	553	2,586	96,113.01	37.17	.606	173.80	)	22.51
MEDICAL	114	161	7,763.31	48.22	.038	68.1	)	1.82
SURGERY	29	44	1,504.85	34.20	.010	51.89	9	.35
PATHOLOGY	260	1,306	16,136.93	12.36	.306	62.0		3.78
RADIOLOGY	158	203	11,095.51	54.66	.048	70.22	2	2.60
ROOM USE	308	420	16,498.67	39.28	.098	53.5	7	3.86
CROSSOVERS/ALL OTH OUTPINT	190	452	43,113.74	95.38	.106	226.93	L	10.10
@COUNTY HOSPITAL TOTAL	2	25	\$ 727.10	\$ 29.08	.006	\$ 363.5	5 \$	.17
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	)	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	)	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	)	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	)	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	25	727.10	29.08	.006	363.55	.17
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	2	61.20	30.60	.000	61.20	.01
PATHOLOGY	1	7	132.60	18.94	.002	132.60	.03
RADIOLOGY	1	1	35.73	35.73	.000	35.73	.01
ROOM USE	2	6	408.24	68.04	.001	204.12	.10
CROSSOVERS/ALL OTH OUTPINT	2	9	89.33	9.93	.002	44.67	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITURES I	MONTH-OF-PAYMENT REPOR	T FOR JAN 20	004 THRU DE	C 2004	PAGE 5,295
MOP024	FEE-FOR-SERVICE/DENTA	$_{ m L}$					03/14/05
LAKE COUNTY	STIMMARY OF SERVICES I	FOR MIC - NO SO		M 5k 7m 82 9	RF RW		

LAKE COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

LAKE COUNTY	SUMMARY OF SER	VICES FOR MIC -	NO SOC	C 03 04 ZA 45 4A	4K 4M 5K /T 82			
			_			MO1		
4,270 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	568	2,694	\$	328,109.49	\$ 121.79	.631		
COMM HOSP INPATIENT TOTAL	36	133		232,723.58	1749.80	.031	6464.54	54.50
HSC HOSPITALS	8	60		85 <b>,</b> 172.00	1419.53	.014	10646.50	19.95
NON-HSC HOSPITALS TOTAL	28	73		147,551.58	2021.25	.017	5269.70	34.56
ACCOMMODATIONS	28	73		51,409.34	704.24	.017	1836.05	12.04
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	28	73		51,409.34	704.24	.017	1836.05	12.04
ANCILLARIES	28	0		96,142.24	.00	.000	3433.65	22.52
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	551	2 <b>,</b> 561		95,385.91	37.25	.600	173.11	22.34
MEDICAL	114	161		7,763.31	48.22	.038	68.10	1.82
SURGERY	28	42		1,443.65	34.37	.010	51.56	.34
PATHOLOGY	259	1,299		16,004.33	12.32	.304	61.79	3.75
RADIOLOGY	157	202		11,059.78	54.75	.047	70.44	2.59
ROOM USE	306	414		16,090.43	38.87	.097	52.58	3.77
CROSSOVERS/ALL OTH OUTPTNT	188	443		43,024.41	97.12	.104	228.85	10.08
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000		\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	.00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000		
ICF DDH	0	0	7	.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000		
HOSPITAL BASED	0	0	7	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	3	\$	49.24	\$ 16.41	.001		\$ .01
HOSPITAL BASED	0	0	۲	.00	.00	.000	.00	.00
11001111111 11101111	O	O		• 0 0	.00	.000	.00	.00

INDEPENDENT FACILITY	1	3		49.24		16.41	.001	49.24		.01
@LABORATORY FACILITY	34	96	\$	1,447.45	\$	15.08	.022	\$ 42.57	\$	.34
PATHOLOGY	34	96		1,447.45		15.08	.022	42.57		.34
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,301	2,168	\$	270,972.95	\$	124.99	.508	\$ 208.28	\$	63.46
CLINIC	16	71		2,344.03		33.01	.017	146.50		.55
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	1,287	2,097		268,628.92		128.10	.491	208.72		62.91
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITU	RES M	ONTH-OF-PAYMENT F	REPORT	r for jan 2	2004 THRU 1	DEC 2004	PA	AGE 5,296
MOP024	FEE-FOR-SERVICE/	DENTAL								03/14/05
LAKE COUNTY	SUMMARY OF SERVI	CES FOR MIC - 1	NO SO	C 03 04 2A 45 4A	4K 4N	4 5K 7T 82	8E 8W			
							MO	ONTHLY AVERA	GE -	
4,270 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	S COST PER	(	COST PER

					MO	NIUTI AAFVA	.GE
4,270 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	146	1 <b>,</b> 079 \$	18,980.51	\$ 17.59	.253	\$ 130.00	\$ 4.45
DURABLE MED. EQUIP.	18	25	3,358.16	134.33	.006	186.56	.79
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	47	855	11,528.33	13.48	.200	245.28	2.70
AMBULANCES/AIR TRANS	47	853	7,928.33	9.29	.200	168.69	1.86
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.000	1800.00	.84
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	9	9	945.00	105.00	.002	105.00	.22
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	38	84	771.96	9.19	.020	20.31	.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	4	835.22	208.81	.001	835.22	.20
PROSTHETICS	1	4	835.22	208.81	.001	835.22	.20
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	110.19	55.10	.000	110.19	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	25	92	1,367.57	14.86	.022	54.70	.32
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	8	64.08	8.01	.002	7.12	.02
@CALIF. CHILDREN SERVICES*	47	1,038 \$	102,216.62	\$ 98.47	.243	\$ 2174.82	\$ 23.94
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,297
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

2111C2 0001111	COLUMNIC OF CEICLE	1020 1010 1110 000		1110 0000	0.0		
		MONTHLY AV					E
42 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	84	558 \$	100,472.90	\$ 180.06	13.286 \$	1196.11	\$ 2392.21
@PHYSICIANS SERVICES	33	91 \$	5,025.32	\$ 55.22	2.167 \$	152.28	\$ 119.65

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	10	11	618.42	56.22	.262	61.84	14.72
OFFICE VISITS	2	2	36.00	18.00	.048	18.00	.86
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	9	582.42	64.71	.214	72.80	13.87
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
	0	_					
OTHER OUTPATIENT	U	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	12	756.21	63.02	.286	108.03	18.01
HOSPITAL VISITS	4	7	481.49	68.78	.167	120.37	11.46
CRITICAL CARE	3	5	274.72	54.94	.119	91.57	6.54
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	14	1,950.00	139.29	.333	390.00	46.43
PRINCIPAL SURGEON	9	4	1,721.36	430.34	.095	430.34	40.98
	0	0	· · · · · · · · · · · · · · · · · · ·				
ASSISTANT SURGEON	U	· · · · · · · · · · · · · · · · · · ·	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	<u>+</u>	10	228.64	22.86	.238	228.64	5.44
OUTPATIENT SURGERY	7	26	789.05	30.35	.619	112.72	18.79
PRINCIPAL SURGEON	5	5	465.00	93.00	.119	93.00	11.07
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	21	324.05	15.43	.500	162.03	7.72
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	8	17	503.09	29.59	.405	62.89	11.98
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
	0						
OTHER SERVICES/ALL X-OVERS	6	11	408.55	37.14	.262	68.09	9.73
@PHARMACY	3	4 \$	224.19	\$ 56.05	.095		•
PRESCRIPTION DRUGS	2	3	199.10	66.37	.071	99.55	4.74
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2	3	199.10	66.37	.071	99.55	4.74
MEDICAL SUPPLIES	1	1	25.09	25.09	.024	25.09	.60
@DENTIST	2	7 \$	25.00	\$ 3.57	.167	12.50	\$ .60
VISITS - DIAGNOSTIC	1	2	25.00	12.50	.048	25.00	.60
ORAL SURGERY	2	4	.00	.00	.095	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	.00	.00	.024	.00	.00
	0	0				.00	
PERIODONTICS	•		.00	.00	.000		.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00
ALL OTHER SERVICES	0	0	.00	.00			
#CALIF DEPT OF HEALTH SERV							
MOP024	FEE-FOR-SERVICE		MONIII OF FAIMENT K	EFORT FOR OAN	ZUU4 IIIKU DI	2004	03/14/05
				3.10.0000	0.0		03/14/03
LAKE COUNTY	SUMMARY OF SERV	ICES FOR MIC - SOC		AID CODE			~=
					MON		
42 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			
		OR DAYS OF CARE		PER UNIT/DAY		USER	
@OPTOMETRIST	1	2 \$	.00	\$ .00	.048	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	1	2		.00		.00	.048		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0									
OTHER	0		Ċ	.00	Ċ	.00	.000	ċ	.00	Ċ	.00
@HOME HEALTH AGENCY	U	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	37	211	\$	85 <b>,</b> 027.93	\$	402.98	5.024	\$	2298.05	\$	2024.47
HOSP INPATIENT TOTAL	5	34		80,247.27		2360.21	.810		16049.45		1910.65
HSC HOSPITALS	2	29		51,965.00		1791.90	.690		25982.50		1237.26
NON-HSC HOSPITAL TOTAL	3	5		28,282.27		5656.45	.119		9427.42		673.39
ACCOMMODATIONS	3	5		3,487.33		697.47	.119		1162.44		83.03
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	3	5		3,487.33		697.47	.119		1162.44		83.03
ALL OTHER ACCOM	3	0		•					8264.98		
ANCILLARIES		-		24,794.94		.00	.000				590.36
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	33	177		4,780.66		27.01	4.214		144.87		113.83
MEDICAL	13	24		912.05		38.00	.571		70.16		21.72
SURGERY	3	3		217.58		72.53	.071		72.53		5.18
PATHOLOGY	12	58		1,323.82		22.82	1.381		110.32		31.52
RADIOLOGY	13	21		589.23		28.06	.500		45.33		14.03
ROOM USE	18	28		1,274.00		45.50	.667		70.78		30.33
CROSSOVERS/ALL OTH OUTPINT	19	43		463.98		10.79	1.024		24.42		11.05
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	7	.00	-	.00	.000	7	.00	4	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0									
ACCOMMODATIONS	~	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	Ō		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
		Ū	י סביכ		ים∩חי					Ъ	
	MEDI-CAL SERVICES AND E	PVEFNDTIO	7E3	MONIH-OF-PAIMENT RE	ILOK.	L FUR JAN 200	4 INKU	חבור	2004	P.	AGE 5,299
	FEE-FOR-SERVICE/DENTAL	MIC	200			3 TD GODE 00					03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	K MIC - S	SUC			AID CODE 83			UIV AMEDA	<b>~</b> =	
							1	AL ANITH		r ' L' .	

		OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	37	211	\$	85,027.93	\$	402.98	5.024	\$ 2298.05	\$ 2024.47
COMM HOSP INPATIENT TOTAL	5	34		80,247.27	2	2360.21	.810	16049.45	1910.65
HSC HOSPITALS	2	29		51,965.00	1	791.90	.690	25982.50	1237.26
NON-HSC HOSPITALS TOTAL	3	5		28,282.27	5	656.45	.119	9427.42	673.39
ACCOMMODATIONS	3	5		3,487.33		697.47	.119	1162.44	83.03
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	3	5		3,487.33		697.47	.119	1162.44	83.03
ANCILLARIES	3	0		24,794.94		.00	.000	8264.98	590.36
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	33	177		4,780.66		27.01	4.214	144.87	113.83
MEDICAL	13	24		912.05		38.00	.571	70.16	21.72
SURGERY	3	3		217.58		72.53	.071	72.53	5.18
PATHOLOGY	12	58		1,323.82		22.82	1.381	110.32	31.52
RADIOLOGY	13	21		589.23		28.06	.500	45.33	14.03
ROOM USE	18	28		1,274.00		45.50	.667	70.78	30.33
CROSSOVERS/ALL OTH OUTPTNT	19	43		463.98		10.79	1.024	24.42	11.05
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	19	40 \$	4,394.65	\$	109.87	.952	\$	231.30	\$	104.63
CLINIC	0	0	.00		.00	.000		.00		.00
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	19	40	4,394.65		109.87	.952		231.30		104.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2004	THRU	DEC	2004	P	AGE 5,300
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	R MIC - SOC			AID CODE 83					

					MO	NTHLY AVERA	GE
42 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	8	203 \$	5,775.81	\$ 28.45	4.833	\$ 721.98	\$ 137.52
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	195	5,653.69	28.99	4.643	1130.74	134.61
AMBULANCES/AIR TRANS	5	193	2,578.69	13.36	4.595	515.74	61.40
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,075.00	1537.50	.048	1537.50	73.21
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.048	16.64	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	6	105.48	17.58	.143	52.74	2.51
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	6	23 \$	25,583.04	\$ 1112.31	.548	\$ 4263.84	\$ 609.12
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

					MON	THLY AVERA	GE
4,312 ELIGIBLES	USERS (	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
·		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,589	11,409 \$	935,618.98	\$ 82.01	2.646 \$	361.38	\$ 216.98
@PHYSICIANS SERVICES	615	1,785 \$	75,815.49	\$ 42.47	.414 \$	123.28	\$ 17.58
OUTPATIENT VISITS	392	785	25,556.58	32.56	.182	65.20	5.93
OFFICE VISITS	127	168	5,498.83	32.73	.039	43.30	1.28
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	230	270	15,063.11	55.79	.063	65.49	3.49
PREVENTIVE CARE	1	1	65.78	65.78	.000	65.78	.02
OB VISITS/COMPRE PERI	40	336	4,647.20	13.83	.078	116.18	1.08
OTHER OUTPATIENT	10	10	281.66	28.17	.002	28.17	.07
INPATIENT VISITS	40	185	14,395.28	77.81	.043	359.88	3.34
HOSPITAL VISITS	32	127	7,305.66	57.52	.029	228.30	1.69
CRITICAL CARE	10	58	7,089.62	122.23	.013	708.96	1.64
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	9	339.27	37.70	.002	42.41	.08
EXAMINATIONS	8	9	339.27	37.70	.002	42.41	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	34	165	15,596.46	94.52	.038	458.72	3.62
PRINCIPAL SURGEON	26	33	11,499.41	348.47	.008	442.29	2.67
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	12	132	4,097.05	31.04	.031	341.42	.95
OUTPATIENT SURGERY	62	155	7,690.43	49.62	.036	124.04	1.78
PRINCIPAL SURGEON	52	66	6,041.00	91.53	.015	116.17	1.40
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	12	89	1,649.43	18.53	.021	137.45	.38
DIALYSIS	1	2	302.42	151.21	.000	302.42	.07
PATHOLOGY	51	69	1,922.54	27.86	.016	37.70	.45
RADIOLOGY	163	231	5,351.01	23.16	.054	32.83	1.24
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	9	169.34	18.82	.002	33.87	.04
OTHER SERVICES/ALL X-OVERS	71	175	4,492.16	25.67	.041	63.27	1.04
@PHARMACY	980	2,528 \$		\$ 48.91	.586 \$		\$ 28.67
PRESCRIPTION DRUGS	969	1,956	119,717.20	61.21	.454	123.55	27.76
SNF/ICF	7	51	4,292.90	84.17	.012	613.27	1.00
OUTPATIENTS	962	1,905	115,424.30	60.59	.442	119.98	26.77
MEDICAL SUPPLIES	36	572	3,920.41	6.85	.133	108.90	.91
@DENTIST	70	382 \$	14,949.35	\$ 39.13	.089 \$	213.56	\$ 3.47
VISITS - DIAGNOSTIC	45	228	4,033.85	17.69	.053	89.64	.94
ORAL SURGERY	17	59	5,255.00	89.07	.014	309.12	1.22
DRUGS	0	1	25.00	25.00	.000	.00	.01
ANESTHESIA	4	6	500.00	83.33	.001	125.00	.12
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	7	11	2,310.90	210.08	.003	330.13	.54
RESTORATIVE DENTISTRY	18	67	2,754.60	41.11	.016	153.03	.64
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	70.00	35.00	.000	35.00	.02
ALL OTHER SERVICES	3	8	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		MONTH-OF-PAYMENT RE	EPORT FOR JAN 2		C 2004	PAGE 5,302

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,302 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

					MON	THLY AVERA	GE	
4,312 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	64	150 \$	3,893.81	\$ 25.96	.035 \$		\$	.90
DIAGNOSTIC AND ANC. PROCED	51	51	2,331.84	45.72	.012	45.72		.54
EYE APPLIANCES	36	98	1,550.56	15.82	.023	43.07		.36
OTHER OPTOMETRIC SERVICES	1	1	11.41	11.41	.000	11.41		.00
@CHIROPRACTOR	5	7 \$	117.04	\$ 16.72	.002 \$	23.41	\$	.03
VISITS	5	7	117.04	16.72	.002	23.41		.03
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	1	1 \$	37.42	\$ 37.42	.000 \$		\$	.01
MEDICINE/INJECTIONS	1	1	37.42	37.42	.000	37.42		.01
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	11	21 \$	1,303.68	\$ 62.08	.005 \$		\$	.30
NURSE ANESTHESIST	2	12 \$	208.94	\$ 17.41	.003 \$		\$	.05
NURSE MIDWIFE	3	4 \$	170.51	\$ 42.63	.001 \$		\$	.04
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		\$	.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		\$	.00
@TOTAL HOSPITAL	607	2,930 \$		\$ 141.25	.679 \$			95.98
HOSP INPATIENT TOTAL	41	167	312,970.85	1874.08	.039	7633.44	-	72.58
HSC HOSPITALS	10	89	137,137.00	1540.87	.021	13713.70		31.80
NON-HSC HOSPITAL TOTAL	31	78	175,833.85	2254.28	.018	5672.06		40.78
ACCOMMODATIONS	31	78	54,896.67	703.80	.018	1770.86		12.73
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	31	78	54 <b>,</b> 896.67	703.80	.018	1770.86		12.73
ANCILLARIES	31	0	120,937.18	.00	.000	3901.20		28.05
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	586	2,763	100,893.67	36.52	.641	172.17		23.40
MEDICAL	127	185	8,675.36	46.89	.043	68.31		2.01
SURGERY	32	47	1,722.43	36.65	.011	53.83		.40
PATHOLOGY	272	1,364	17,460.75	12.80	.316	64.19		4.05
RADIOLOGY	171	224	11,684.74	52.16	.052	68.33		2.71
ROOM USE	326	448	17,772.67	39.67	.104	54.52		4.12
	209	495	43,577.72	88.04	.115	208.51		10.11
CROSSOVERS/ALL OTH OUTPINT	209	495 25 \$	727.10	\$ 29.08	.006 \$		ċ	.17
@COUNTY HOSPITAL TOTAL	0	25 ş 0	.00	.00	.000	.00	Ą	
CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0						
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	_	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	•	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	2	25	727.10	29.08	.006	363.55		.17
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	1	2	61.20	30.60	.000	61.20		.01
PATHOLOGY	1	7	132.60	18.94	.002	132.60		.03
RADIOLOGY	1	1	35.73	35.73	.000	35.73		.01
ROOM USE	2	6	408.24	68.04	.001	204.12		.09

LAKE COUNTY

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

							M	ONTI	HLY AVERA	GE	
4,312 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER		COST PER
-,		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	605	2,905	Ś	413,137.42		142.22	.674		682.87		95.81
COMM HOSP INPATIENT TOTAL	41	167		312,970.85		1874.08	.039		7633.44		72.58
HSC HOSPITALS	10	89		137,137.00		1540.87	.021		13713.70		31.80
NON-HSC HOSPITALS TOTAL	31	78		175,833.85		2254.28	.018		5672.06		40.78
ACCOMMODATIONS	31	78		54,896.67	•	703.80	.018		1770.86		12.73
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	31	78		54,896.67		703.80	.018		1770.86		12.73
ANCILLARIES	31	0		120,937.18		.00	.000		3901.20		28.05
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	584	2,738		100,166.57		36.58	.635		171.52		23.23
MEDICAL	127	185		8,675.36		46.89	.043		68.31		2.01
SURGERY	31	45		1,661.23		36.92	.010		53.59		.39
PATHOLOGY	271	1,357		17,328.15		12.77	.315		63.94		4.02
RADIOLOGY	170	223		11,649.01		52.24	.052		68.52		2.70
ROOM USE	324	442		17,364.43		39.29	.103		53.59		4.03
CROSSOVERS/ALL OTH OUTPINT	207	486		43,488.39		89.48	.113		210.09		10.09
@STATE HOSPITAL	0	0	Ś	.00	\$	.00	.000	\$	.00	Ś	.00
MENTALLY ILL	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	Ċ	.00	Ś	.00	.000	Ċ	.00	Ċ	.00
LEV A-INTERMEDIATE	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B SUBACUTE PREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B SOBACOTE HISTEL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B TRANSTITIONAL IF CARE LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	Ċ	.00	\$	.00	.000	Ċ	.00	Ċ	.00
ICF DDH	0	0	۲	.00	۲	.00	.000	Y	.00	۲	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	Ś	.00	\$	.00	.000	Ċ		\$	.00
HOSPITAL BASED	0	0	۲	.00	۲	.00	.000	Y	.00	۲	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	3	\$	49.24	\$	16.41	.001	Ċ	49.24	Ċ	.01
HOSPITAL BASED	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
INDEPENDENT FACILITY	1	3		49.24		16.41	.001		49.24		.01
@LABORATORY FACILITY	34	96	Ś	1,447.45	\$	15.08	.022	ċ	42.57	Ċ	.34
PATHOLOGY	34	96	۲	1,447.45	۲	15.08	.022	۲	42.57	ې	.34
XO AND OTHERS	0	0		.00		.00	.022		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,320	2,208	ċ	275,367.60	\$	124.71	.512	ċ	208.61	ċ	63.86
CLINIC CLINIC	1,320	2,208 71	۲	2,344.03	۲	33.01	.016	۲	146.50	ې	.54
SURGICENTER	0	0		2,344.03		.00	.000		.00		.00
	0	0				.00	.000		.00		.00
HEROIN DETOX CLINIC	1,306	2 <b>,</b> 137		.00 273,023.57		127.76	.496		209.05		63.32
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV		Z,13/ CES AND EXPENDITURI	EC M					DEC		Ъ	63.32 AGE 5,304
MOP024	FEE-FOR-SERVIC		الاا دن	ONIU-OL-LAIMENI KI	PLOKI	LOV OWN 7	UATI PUU.	טפע	2004	P.	03/14/05
MOPUZ4	LEE-LOK-SEKAIC	E/DENTAL	T 37 T	NDIGENE GUILDDE	N	O					03/14/05

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

4,312 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	154	1,282 \$	24,756.32	\$ 19.31	.297	160.76	\$ 5.74
DURABLE MED. EQUIP.	18	25	3,358.16	134.33	.006	186.56	.78
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	52	1,050	17,182.02	16.36	.244	330.42	3.98
AMBULANCES/AIR TRANS	52	1,046	10,507.02	10.04	.243	202.06	2.44
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	4	6,675.00	1668.75	.001	1668.75	1.55
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	9	9	945.00	105.00	.002	105.00	.22
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	39	86	788.60	9.17	.020	20.22	.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	4	835.22	208.81	.001	835.22	.19
PROSTHETICS	1	4	835.22	208.81	.001	835.22	.19
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	110.19	55.10	.000	110.19	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	27	98	1,473.05	15.03	.023	54.56	.34
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	8	64.08	8.01	.002	7.12	.01
@CALIF. CHILDREN SERVICES*	53	1,061 \$	127,799.66	\$ 120.45	.246 \$	2411.31	\$ 29.64

----- MONTHLY AVERAGE -----

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 \$ .00 \$ .00

03/14/05

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,305 MOP024 FEE-FOR-SERVICE/DENTAL

LAKE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

LAKE COUNTY	SUMMARY OF SERV	ICES FOR MIA -	NO S	OC - AID PAI	D PENDI	ING AID CODE			CE	
00 ELICIDIES	USERS	UNITS OF SERVI	717	EXPENDI	מתוחה	ATTEDACE COCI	MON			m DED
00 ELIGIBLES	USERS			EVLENDI	IURES	AVERAGE COST		COST PER		T PER
	0	OR DAYS OF CAI			0.0	PER UNIT/DAY		USER		GIBLE
@TOTAL, ALL PROVIDERS	0	0	\$		.00	\$ .00	.000 \$		\$	.00
@PHYSICIANS SERVICES	0	0	\$		.00	\$ .00	.000 \$		\$	.00
OUTPATIENT VISITS	0	0			.00	.00	.000	.00		.00
OFFICE VISITS	0	0			.00	.00	.000	.00		.00
HOME VISITS	0	0			.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0			.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0			.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0			.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0			.00	.00	.000	.00		.00
INPATIENT VISITS	0	0			.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0			.00	.00	.000	.00		.00
CRITICAL CARE	0	0			.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00	.00	.000	.00		.00
EXAMINATIONS	0	0			.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0			.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0			.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0			.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0			.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0			.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0			.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0			.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0			.00	.00	.000	.00		.00
DIALYSIS	0	0			.00	.00	.000	.00		.00
PATHOLOGY	0	0			.00	.00	.000	.00		.00
RADIOLOGY	0	0			.00	.00	.000	.00		.00
PSYCHIATRY	0	0			.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0			.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0			.00	.00	.000	.00		.00
@PHARMACY	0	0	\$		.00	\$ .00	.000 \$		\$	.00
PRESCRIPTION DRUGS	0	0			.00	.00	.000	.00		.00
SNF/ICF	0	0			.00	.00	.000	.00		.00
OUTPATIENTS	0	0			.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0			.00	.00	.000	.00		.00
@DENTIST	0	0	\$		.00	\$ .00	.000 \$		Ś	.00
VISITS - DIAGNOSTIC	0	0	τ.		.00	.00	.000	.00	т	.00
ORAL SURGERY	0	0			.00	.00	.000	.00		.00
DRUGS	0	0			.00	.00	.000	.00		.00
ANESTHESIA	0	0			.00	.00	.000	.00		.00
PERIODONTICS	0	0			.00	.00	.000	.00		.00
ENDODONTICS	0	0			.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0			.00	.00	.000	.00		.00
PROSTHETICS	0	0			.00	.00	.000	.00		.00
	0	0			.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0			.00	.00	.000	.00		.00
SPACE MAINTAINERS	U	U			.00	.00	.000	.00		.00

MAXILLOFACIAL SERVICES 0 0 .00 .00 .000 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .000 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .000 .00 0 .00 .00 .00 ALL OTHER SERVICES 0 .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,306

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

LAKE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

LAKE COUNTY	SUMMARY OF SER	VICES FOR MIA - N	10 SOC	C - AID PAID PEND	ING	AID CODE		NT III	III X	C E	
OO ELICIDIES	HCEDC	INTEC OF CEDITOR	7	EADENDIMIDEC	70, 7, 7, 17	DACE COCH	MC			GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	)			COST PER
CODMONEMPTOM	0	OR DAYS OF CARE		0.0	PER \$	UNIT/DAY	PER ELIG	Ċ	USER .00	\$	ELIGIBLE
@OPTOMETRIST		0	\$	.00	Ş	.00		Ş		Þ	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	<u>^</u>	.00	<u> </u>	.00	.000	_	.00	<u>^</u>	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00		\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00		\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00		\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00		\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00		\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00		\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00		\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	9	ŭ		• • • •							

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES N	MONTH-OF-PAYMENT REPORT	FOR JAN 2	004 THRU DEC	2004	PAGE 5,307
MOP024	FEE-FOR-SERVICE/DENTA	ΑL					03/14/05
LAKE COUNTY	SUMMARY OF SERVICES E	FOR MIA - NO SC	OC - AID PAID PENDING	AID CODE	81		

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 .00 .00 .000 \$ .00 \$ .00 COMM HOSP INPATIENT TOTAL .00 0 .00 .000 .00 .00 .00 .00 .00 HSC HOSPITALS .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 ALL OTHER INPATIENT .000 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .00 .000 .00 .00 .00 .00 .000 .00 PATHOLOGY .00 .00 RADIOLOGY .00 .000 .00 0 ROOM USE .00 .00 .000 .00 .00 0 CROSSOVERS/ALL OTH OUTPINT .00 .00 .000 .00 .00 .00 \$ @STATE HOSPITAL .00 .00 .000 \$ .00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 .00 .00 .000 \$ .00 .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LEV B-REGULAR 0 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$ .00 \$ .00 ICF DDH 0 .00 .00 .000 .00 .00 0 .00 .00 ICF DD .00 .000 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 @HEMODIALYSIS TOTAL .00 .00 .000 \$ .00 \$ .00 HOSPITAL BASED .00 .00 .000 .00 0 HEMODIALYSIS CENTER .00 .00 .000 .00 .00 @REHABILITATION FACILITY .00 .00 .000 \$ .00 \$ .00 .00 .00 .00 .000 .00 HOSPITAL BASED .00 INDEPENDENT FACILITY .00 .000 .00 .00 @LABORATORY FACILITY .00 .00 .000 \$ .00 \$ .00 .00 .00 .00 .000 .00 PATHOLOGY 0 XO AND OTHERS .00 .00 .000 .00 .00 .00 .00 \$ @ORGANIZED OUTPATIENT CLINIC .00 .000 \$ .00

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CLINIC

SURGICENTER 0 0 .00 .00 .000 .00 .00 .00 .00 HEROIN DETOX CLINIC 0 0 .00 .000 .00 .00 .000 .00 RURAL HEALTH CLINIC Ω 0 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,308 03/14/05 MOP024 FEE-FOR-SERVICE/DENTAL

MONIBULL ATTEDACE

LAKE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

					MON'	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,309
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

----- MONTHLY AVERAGE -----239 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 443 3**,**797 \$ 481,952.33 \$ 126.93 15.887 \$ 1087.93 \$ 2016.54 206 1,170 47,150.02 \$ 40.30 4.895 \$ 228.88 \$ 197.28 @PHYSICIANS SERVICES 

 11,564.98
 17.03
 2.841
 101.45

 776.65
 31.07
 .105
 43.15

 679 48.39 OUTPATIENT VISITS 114 18 25 3.25 OFFICE VISITS 0 0 .00 .000 .00 .00 .00 HOME VISITS 63.67 .134 67.91 .00 .000 .00 14.04 2.594 119.20 2,037.37 30 32 EMERGENCY ROOM 8.52 0 0 PREVENTIVE CARE .00 8,701.76 OB VISITS/COMPRE PERI 73 620 36.41

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	2	2	49.20	24.60	.008	24.60	.21
INPATIENT VISITS	21	80	5,101.78	63.77	.335	242.94	21.35
HOSPITAL VISITS	21	56	2,457.51	43.88	.234	117.02	10.28
CRITICAL CARE	2	24	2,644.27	110.18	.100	1322.14	11.06
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	33	155	15,535.11	100.23	.649	470.76	65.00
PRINCIPAL SURGEON	23	27	12,683.28	469.75	.113	551.45	53.07
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	12	128	2,851.83	22.28	.536	237.65	11.93
OUTPATIENT SURGERY	30	55	2,208.14	40.15	.230	73.60	9.24
PRINCIPAL SURGEON	26	32	1,643.77	51.37	.134	63.22	6.88
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	23	564.37	24.54	.096	112.87	2.36
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	32	48	1,071.54	22.32	.201	33.49	4.48
RADIOLOGY	59	70	2,476.14	35.37	.293	41.97	10.36
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	34	7 <b>,</b> 567.97	222.59	.142	946.00	31.67
OTHER SERVICES/ALL X-OVERS	20	49	1,624.36	33.15	.205	81.22	6.80
@PHARMACY	139	299	\$ 19,120.43	\$ 63.95	1.251	\$ 137.56	\$ 80.00
PRESCRIPTION DRUGS	135	285	18,843.43	66.12	1.192	139.58	78.84
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	135	285	18,843.43	66.12	1.192	139.58	78.84
MEDICAL SUPPLIES	7	14	277.00	19.79	.059	39.57	1.16
@DENTIST	3	8	\$ 1,323.00	\$ 165.38	.033	\$ 441.00	\$ 5.54
VISITS - DIAGNOSTIC	2	4	58.00	14.50	.017	29.00	.24
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

DEDIODONELOS	0	0	0.0	0.0	0.00	0.0	0.0
PERIODONTICS ENDODONTICS	0	0	.00	.00	.000	.00	.00
	U	2		.00	.000		
RESTORATIVE DENTISTRY	1	2	415.00	207.50	.008	415.00	1.74
PROSTHETICS	U	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	850.00	425.00	.008	850.00	3.56
SPACE MAINTAINERS	U	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	U	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 5,310
MOP024	FEE-FOR-SERVICE						03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR MIA - NO SO	C - PREGNANT	AID CODE			
					MON		
239 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	2	8 \$	172.59	\$ 21.57	.033 \$		
DIAGNOSTIC AND ANC. PROCED	2	2	86.89	43.45	.008	43.45	.36
EYE APPLIANCES	2	6	85.70	14.28	.025	42.85	.36
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$		
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000 \$		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	11	17 \$	936.71	\$ 55.10	.071 \$	85.16	\$ 3.92
NURSE ANESTHESIST	1	4 \$	100.92	\$ 25.23	.017 \$	100.92	\$ .42
NURSE MIDWIFE	7	108 \$	2,004.26	\$ 18.56	.452 \$	286.32	\$ 8.39
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	214	1,340 \$	336,202.63	\$ 250.90	5.607 \$	1571.04	\$ 1406.71
HOSP INPATIENT TOTAL	35	185	311,366.33	1683.06	.774	8896.18	1302.79
HSC HOSPITALS	7	53	88,157.04	1663.34	.222	12593.86	368.86
NON-HSC HOSPITAL TOTAL	29	132	223,209.29	1690.98	.552	7696.87	933.93
ACCOMMODATIONS	29	132	106 838 90	809 39	552	3684 10	447 02

OIDER SERVICES	U	U	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	11	17	\$ 936.71	\$ 55.10	.071	\$ 85.16	\$ 3.92
NURSE ANESTHESIST	1	4	\$ 100.92	\$ 25.23	.017	\$ 100.92	\$ .42
NURSE MIDWIFE	7	108	\$ 2,004.26	\$ 18.56	.452	\$ 286.32	\$ 8.39
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	214	1,340	\$ 336,202.63	\$ 250.90	5.607	\$ 1571.04	\$ 1406.71
HOSP INPATIENT TOTAL	35	185	311,366.33	1683.06	.774	8896.18	1302.79
HSC HOSPITALS	7	53	88,157.04	1663.34	.222	12593.86	368.86
NON-HSC HOSPITAL TOTAL	29	132	223,209.29	1690.98	.552	7696.87	933.93
ACCOMMODATIONS	29	132	106,838.90	809.39	.552	3684.10	447.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	29	132	106,838.90	809.39	.552	3684.10	447.02
ANCILLARIES	29	0	116,370.39	.00	.000	4012.77	486.91
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	204	1,155	24,836.30	21.50	4.833	121.75	103.92
MEDICAL	21	41	1,553.29	37.89	.172	73.97	6.50
SURGERY	28	45	1,419.72	31.55	.188	50.70	5.94
PATHOLOGY	145	623	8,561.40	13.74	2.607	59.04	35.82
RADIOLOGY	59	63	5,367.16	85.19	.264	90.97	22.46
ROOM USE	65	105	4,382.98	41.74	.439	67.43	18.34
CROSSOVERS/ALL OTH OUTPINT	79	278	3 <b>,</b> 551.75	12.78	1.163	44.96	14.86
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

3 DV TV T G T D 3 T T T T D 3 V G	0	0	0.0	0.0	0.00	0.0		0.0
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	Ü	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DEC	2004	PAG	GE 5,311
MOP024	FEE-FOR-SERVICE	C/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERV	VICES FOR MIA - NO	SOC - PREGNANT	AID CODE	86			
					MONT	HLY AVERA	GE	
239 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	214	1,340 \$	336,202.63	\$ 250.90	5.607 \$	1571.04	\$ 2	1406.71
COMM HOSP INPATIENT TOTAL	35	185	311,366.33	1683.06	.774	8896.18		1302.79
HSC HOSPITALS	7	53	88,157.04	1663.34	.222	12593.86		368.86
NON-HSC HOSPITALS TOTAL	29	132	223,209.29	1690.98	.552	7696.87		933.93
ACCOMMODATIONS	29	132	106,838.90	809.39	.552	3684.10		447.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	29	132	106,838.90	809.39	.552	3684.10		447.02
ANCILLARIES	29	0	116,370.39	.00	.000	4012.77		486.91
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
	204	•						
COMM HOSP OUTPATIENT TOTAL		1,155	24,836.30	21.50	4.833	121.75		103.92
MEDICAL	21	41	1,553.29	37.89	.172	73.97		6.50
SURGERY	28	45	1,419.72	31.55	.188	50.70		5.94
PATHOLOGY	145	623	8,561.40	13.74	2.607	59.04		35.82
RADIOLOGY	59	63	5,367.16	85.19	.264	90.97		22.46
ROOM USE	65	105	4,382.98	41.74	.439	67.43		18.34
CROSSOVERS/ALL OTH OUTPTNT		278	3,551.75	12.78	1.163	44.96		14.86
@STATE HOSPITAL	0	0 \$		\$ .00	.000 \$	.00	\$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$		\$ .00	.000 \$	.00	\$	.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$		\$ .00	.000 \$		\$	.00
	0	0 P		•			Y	
HOSPITAL BASED	0	•	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	· ·	0	.00	.00	.000	.00	Ċ	.00
@REHABILITATION FACILITY	0	0 \$		\$ .00	.000 \$	.00	\$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00

INDEPENDENT FACILITY	0 18	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	18	38 \$	730.28	.00 \$ 19.22	.159	\$ 40.57	\$ 3.06
PATHOLOGY	18	38	730.28	19.22	.159	40.57	3.06
XO AND OTHERS	0	38 0 522 \$	.00	.00 \$ 121.77	.000		.00
@ORGANIZED OUTPATIENT CLINIC	224	522 \$	63,561.34	\$ 121.77	2.184	\$ 283.76	\$ 265.95
CLINIC	20	93	4,344.67	45.73	.397	217.23	18.18
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	205	427	59,216.67		1.787		247.77
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE		NTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DI	EC 2004	PAGE 5,312 03/14/05
LAKE COUNTY		VICES FOR MIA - NO SOC	- PREGNANT	AID CODE	86		,
					MOI	NTHLY AVERA	GE
239 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE 283 \$ 4 0 0 249 247 0 2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	33	283 \$	10,650.15	\$ 37.63	1.184	\$ 322.73	\$ 44.56
DURABLE MED. EQUIP.	3	4	289.98	72.50	.017	96.66	1.21
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00 28.60 14.25	.000	.00	.00
MEDICAL TRANSPORTATION	7	249	7,120.19	28.60	1.042	1017.17	29.79
AMBULANCES/AIR TRANS	7	247	3,520.19	14.25	1.033	502.88	14.73
OTHER TRANS	0	0 2 0 0 18	.00	.00 1800.00 .00	.000	.00	.00 15.06 .00
OTHER SERVICES	2	2	3,600.00	1800.00	008	1800.00	15.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00 105.00	.00
GENETIC DISEASE TESTING	0 18	18	1,890.00	.00 105.00	.075	105.00	7.91
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00 10.09	.000 .038	.00	.00
OPTICIAN	4	9	90.81	10.09	.038	22.70	.38
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	18 0 0 9 0 0 1 1 0	.00	.00	.000	.00 144.48	.00
PROSTHETIST/ORTHOTISTS	1	1	144.48	144.48	.004	144.48	.60
PROSTHETICS	1	1	144.48	144.48	.004	144.48	.60
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000		.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0 0 4 0 0 0 1 1 1 0 0 0 0	0 0 0 0 1 0 0	1,106.68	.00 1106.68		1106.68	4.63
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00
	0	0	.00	.00	.000		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	U	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.004	8.01	.03
OGRETE GUTT DDEN GEDITTGEG+	^	Ŏ Ċ	0.0	Ċ 0.0	000	• ^^	ė 00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

0

@CALIF. CHILDREN SERVICES\*

@XOVER EXCLUDING STATE HOSP\*\*

.00 \$

.00 \$

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		MONTHLY AVERAGE								
239 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE	COST	UNITS/DAYS	COST PER	2	COST PER
		OR DAYS OF CARE	3		PER UNI	T/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	443	3 <b>,</b> 797	\$	481,952.33	\$ 126	.93	15.887	\$ 1087.93	\$	2016.54
@PHYSICIANS SERVICES	206	1,170	\$	47,150.02	\$ 40	.30	4.895	\$ 228.88	\$	197.28

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,313 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 LAKE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

OUTPATIENT VISITS	114	679		11,564.98	17.03	2.841	101.45		48.39
OFFICE VISITS	18	25		776.65	31.07	.105	43.15		3.25
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	30	32		2,037.37	63.67	.134	67.91		8.52
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	73	620		8,701.76	14.04	2.594	119.20		36.41
OTHER OUTPATIENT	2	2		49.20	24.60	.008	24.60		.21
INPATIENT VISITS	21	80		5,101.78	63.77	.335	242.94		21.35
HOSPITAL VISITS	21	56		2,457.51	43.88	.234	117.02		10.28
CRITICAL CARE	2	24		2,644.27	110.18	.100	1322.14		11.06
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	33	155		15,535.11	100.23	.649	470.76		65.00
PRINCIPAL SURGEON	23	27		12,683.28	469.75	.113	551.45		53.07
	0	0		-		.000			
ASSISTANT SURGEON	•			.00	.00		.00		.00
ANESTHESIOLOGIST	12	128		2,851.83	22.28	.536	237.65		11.93
OUTPATIENT SURGERY	30	55		2,208.14	40.15	.230	73.60		9.24
PRINCIPAL SURGEON	26	32		1,643.77	51.37	.134	63.22		6.88
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	5	23		564.37	24.54	.096	112.87		2.36
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	32	48		1,071.54	22.32	.201	33.49		4.48
RADIOLOGY	59	70		2,476.14	35.37	.293	41.97		10.36
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	8	34		7 <b>,</b> 567.97	222.59	.142	946.00		31.67
	20	49					81.22		6.80
OTHER SERVICES/ALL X-OVERS			<b>^</b>	1,624.36	33.15	.205		<u> </u>	
@PHARMACY	139	299	\$	19,120.43	\$ 63.95	1.251		Ş	80.00
PRESCRIPTION DRUGS	135	285		18,843.43	66.12	1.192	139.58		78.84
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	135	285		18,843.43	66.12	1.192	139.58		78.84
MEDICAL SUPPLIES	7	14		277.00	19.79	.059	39.57		1.16
@DENTIST	3	8	\$	1,323.00	\$ 165.38	.033	\$ 441.00	\$	5.54
VISITS - DIAGNOSTIC	2	4		58.00	14.50	.017	29.00		.24
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0							
ENDODONTICS	0			.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	1	2		415.00	207.50	.008	415.00		1.74
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	1	2		850.00	425.00	.008	850.00		3.56
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000			.00
#CALIF DEPT OF HEALTH SERV			RES MO	NTH-OF-PAYMENT R				P	AGE 5,314
MOP024	FEE-FOR-SERVICE		1100 110	TVIII OI IIIIIIIVI IX		2001 1111(0 D	DC 2001		03/14/05
LAKE COUNTY	SUMMARY OF SERVE		NO COC	_ TOTAT					03/14/03
LAKE COUNTY	SUMMARI OF SERV.	ICES FOR MIA -	NO SOC	IOIAL		MO	NIMITE ATTURA	CE	
220 51 12151 52	**********	IINTEG 05 055:	_	DVDDND TELLO ~	317DD30D 000		NTHLY AVERA		
239 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES					COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	2		\$	172.59	·	.033	•	\$	.72
DIAGNOSTIC AND ANC. PROCED	2	2		86.89	43.45	.008	43.45		.36

OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00	.00
	.00
@CHIROPRACTOR 0 0 \$ .00 \$ .00 \$ .00 \$ .00 \$	
VISITS 0 0 0 .00 .00 .00 .00	.00
OTHER SERVICES 0 0 .00 .00 .00 .00 .00	.00
@PODIATRIST 0 0 \$ .00 \$ .00 \$ .00 \$ .00 \$	.00
MEDICINE/INJECTIONS 0 0 .00 .00 .00 .00	.00
SURGERY/ANES. 0 0 .00 .00 .00 .00 .00	.00
RADIO./PATHOLOGY 0 0 .00 .00 .00 .00 .00	.00
OTHER 0 0 0 .00 .00 .00 .00	.00
@HOME HEALTH AGENCY 11 17 \$ 936.71 \$ 55.10 .071 \$ 85.16 \$	3.92
NURSE ANESTHESIST 1 4 \$ 100.92 \$ 25.23 .017 \$ 100.92 \$	.42
NURSE MIDWIFE 7 108 \$ 2,004.26 \$ 18.56 .452 \$ 286.32 \$	8.39
PEDIATRIC NURSE PRACTITIONER 0 0 \$ .00 \$ .00 \$ .00 \$ .00 \$	.00
FAMILY NURSE PRACTITIONER 0 0 \$ .00 \$ .00 \$ .00 \$	.00
@TOTAL HOSPITAL 214 1,340 \$ 336,202.63 \$ 250.90 5.607 \$ 1571.04 \$	1406.71
HOSP INPATIENT TOTAL 35 185 311,366.33 1683.06 .774 8896.18	1302.79
HSC HOSPITALS 7 53 88,157.04 1663.34 .222 12593.86	368.86
NON-HSC HOSPITAL TOTAL 29 132 223,209.29 1690.98 .552 7696.87	933.93
ACCOMMODATIONS 29 132 106,838.90 809.39 .552 3684.10	447.02
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00	.00
ALL OTHER ACCOM 29 132 106,838.90 809.39 .552 3684.10	447.02
ANCILLARIES 29 0 116,370.39 .00 .000 4012.77	486.91
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00	.00
HOSP OUTPATIENT TOTAL 204 1,155 24,836.30 21.50 4.833 121.75	103.92
MEDICAL 21 41 1,553.29 37.89 .172 73.97	6.50
SURGERY 28 45 1,419.72 31.55 .188 50.70	5.94
PATHOLOGY 145 623 8,561.40 13.74 2.607 59.04	35.82
RADIOLOGY 59 63 5,367.16 85.19 .264 90.97	22.46
ROOM USE 65 105 4,382.98 41.74 .439 67.43	18.34

CROSSOVERS/ALL OTH OUTPTNT	79	278	3 <b>,</b> 551	75	12.78	1.163	44.96	14.86	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00 \$	.00	.000 \$	.00	\$ .00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURE	ES MONTH-OF-PAYM	NT REPO	RT FOR JAN 2	2004 THRU DE	C 2004	PAGE 5,315	
MOP024	FEE-FOR-SERVICE/DENT	AL						03/14/05	
LAKE COUNTY	SUMMARY OF SERVICES	FOR MIA - NO	SOC - TOTAL						

----- MONTHLY AVERAGE -----239 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 336,202.63 \$ 250.90 5.607 \$ 1571.04 \$ 1406.71 311,366.33 1683.06 .774 8896.18 1302.79 @COMMUNITY HOSPITAL TOTAL 214 1,340 \$ 185 35 7 29 1683.06 .774 1663.34 .222 COMM HOSP INPATIENT TOTAL 53 88,157.04 12593.86 HSC HOSPITALS 132 .552 NON-HSC HOSPITALS TOTAL 223,209.29 1690.98 7696.87 933.93 106,838.90 809.39 .552 3684.10 .00 .00 .000 .000 .00 .00 .000 .000 106,838.90 809.39 .552 3684.10 116,370.39 .00 .000 4012.77 .00 .00 .000 .000 29 0 0 29 29 132 ACCOMMODATIONS 447.02 ADMINISTRATIVE DAYS 0 .00 TRANSITIONAL IP CARE 0 132 ALL OTHER ACCOM 447.02 0 ANCILLARIES 486.91 .00 INPATIENT CROSSOVERS
ALL OTHER INPATIENT .00 4.833 121.75 .172 70 0 1,155 41 .00 .00 .00 204 24,836.30 21.50 4.833 1,553.29 37.89 .172 103.92 COMM HOSP OUTPATIENT TOTAL 21 MEDICAL 28 5.94 45 1,419.72 31.55 SURGERY 13.74 2.607 145 59.04 PATHOLOGY 623 8,561.40 59 .264 63 85.19 90.97 RADIOLOGY 5,367.16 105 278 65 4,382.98 41.74 .439 67.43 ROOM USE 18.34 3,551.75 12.78 79 1.163 CROSSOVERS/ALL OTH OUTPINT 44.96 14.86 0 .00 \$ .00 .000 \$ .00 \$ 0 @STATE HOSPITAL .00 .00 MENTALLY ILL 0 .00 .000 .00 .00 .00 DEVELOP. DISABLED .000 . 00 .00 \$ .00 .000 \$ .00 \$ @NURSING FACILITY .00 LEV A-INTERMEDIATE .00 .000 .00 .00 .00 .00 .00 LEV B-REHAB MD .000 . 00 .00 .00 .000 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .00 .000 . 00 .00 .00 .000 .00 LEV B-REGULAR .00 \$ 0 @INTERMEDIATE CARE FACIL.-DD .00 .000 \$ .00 \$ .00 .00 0 .00 ICF DDH .00 .000 .00 ICF DD .00 .00 .000 .00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	18	38	\$	730.28	\$	19.22	.159	\$	40.57	\$	3.06
PATHOLOGY	18	38		730.28		19.22	.159		40.57		3.06
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	224	522	\$	63,561.34	\$	121.77	2.184	\$	283.76	\$	265.95
CLINIC	20	95		4,344.67		45.73	.397		217.23		18.18
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	205	427		59,216.67		138.68	1.787		288.86		247.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES 1	MONTH-OF-PAYMENT F	REPORT	' FOR JAN	2004 THRU	DEC	2004	P.	AGE 5,316
MOP024	FEE-FOR-SERVICE/DENTAI	_									03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FO	OR MIA -	NO SO	OC - TOTAL							

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 239 ELIGIBLES USERS UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 33 283 \$ 10,650.15 37.63 1.184 \$ 322.73 \$ 44.56 DURABLE MED. EQUIP. 3 4 289.98 72.50 .017 96.66 .00 0 BLOOD BANK 0 .00 .000 .00 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 249 7,120.19 28.60 1.042 1017.17 29.79 14.25 1.033 502.88 AMBULANCES/AIR TRANS 247 3,520.19 14.73 .000 OTHER TRANS 0 .00 .00 .00 .00 OTHER SERVICES 3,600.00 1800.00 .008 1800.00 15.06 .00 .00 ACUPUNCTURE .00 .000 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 18 1,890.00 105.00 .075 105.00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 90.81 10.09 .038 22.70 OPTICIAN PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 .00 PORTABLE X-RAY .000 .00 .00 144.48 PROSTHETIST/ORTHOTISTS 144.48 .004 144.48 144.48 144.48 144.48 PROSTHETICS .004 .60 ORTHOTICS .00 .00 .00 .000 .00 .00 .00 .00 PSYCHOLOGIST .000 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 HOSPICE SERVICES .00 .000 .00 NONINST BIRTHING CENTERS 1,106.68 1106.68 1106.68 .004 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .000 .00 .00 .00 .00 RESPIRATORY CARE PRACT. .000 0 PED SUBACUTE REHAB/WEANING .00 .00 .00 .000 .00 ALL OTHER PROVIDERS 1 8.01 8.01 8.01 .004 .03 .00 \$ @CALIF. CHILDREN SERVICES\* .00 .000 \$ .00 \$ .00 .00 \$ @XOVER EXCLUDING STATE HOSP\*\* 0 .00 .000 \$ .00 \$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

03/14/05

					MON'	THLY AVERAG	GE
11 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	16	481 \$	36,408.24	\$ 75.69	43.727 \$	2275.52	\$ 3309.84
@PHYSICIANS SERVICES	2	3 \$	19.26	\$ 6.42	.273 \$	9.63	\$ 1.75
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	16.78	8.39	.182	16.78	1.53
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	2.48	2.48	.091	2.48	.23
@PHARMACY	11	164 \$	11,261.63	\$ 68.67	14.909 \$		\$ 1023.78
PRESCRIPTION DRUGS	11	164	11,261.63	68.67	14.909	1023.78	1023.78
SNF/ICF	11	162	11,234.22	69.35	14.727	1021.29	1021.29
OUTPATIENTS	1	2	27.41	13.71	.182	27.41	2.49
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	1 \$	25.00	\$ 25.00	.091 \$	25.00	\$ 2.27
VISITS - DIAGNOSTIC	1	1	25.00	25.00	.091	25.00	2.27
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	Ó	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	Ó	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES					PAGE 5,318
MODOSA	FFF_FOD_CFDUTC						02/11/05

LAKE COUNTY	SUMMARY OF SER	VICES FOR MIA - SO	C - L	rc		AID CODE					
							M			GE.	
11 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		\$	.00	\$	.00	.000	Ś		\$	.00
VISITS	0	0	•	.00	'	.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4		\$	12.40	Ś	3.10	.364	¢	3.10	Ġ	1.13
MEDICINE/INJECTIONS	0	0	Υ	.00	۲	.00	.000	۲	.00	7	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	4		12.40		3.10	.364		3.10		1.13
v ======	4		ċ		Ċ			Ċ		<u>_</u>	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	U	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	Ü	0	\$	.00	Ş	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER			\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2	14	\$	199.15	\$	14.23	1.273	\$	99.58	\$	18.10
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2	14		199.15		14.23	1.273		99.58		18.10
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	12		152.26		12.69	1.091		152.26		13.84
RADIOLOGY	1	2		46.89		23.45	.182		46.89		4.26
	0	0				.00	.000		.00		
ROOM USE	0			.00							.00
CROSSOVERS/ALL OTH OUTPINT	0	0	ċ	.00	ċ	.00	.000	ċ	.00	ċ	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	P		\$	.00
CO HOSPITAL INPATIENT TOTAL	U	•		.00		.00	.000		.00		.00
HSC HOSPITALS	U	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	Ü	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	,	•									

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

LAKE COUNTY	SUMMARY OF SERVICES FOR	R MIA - SOC - LTC	AID CODE 53

LAKE COUNTI	SUMMARI OF SERV	ICES FOR	MIA - S	20C - TIC	-		AID CODE	33				
								M	ONT	HLY AVERA	.GE	
11 ELIGIBLES	USERS	UNITS OF	SERVICE	Ξ	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE	Ξ.		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2		14	\$	199.15	\$	14.23	1.273	\$	99.58	\$	18.10
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2		14		199.15		14.23	1.273		99.58		18.10
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	1		12		152.26		12.69	1.091		152.26		13.84
RADIOLOGY	1		2		46.89		23.45	.182		46.89		4.26
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	10		276	\$	23,992.00	\$	86.93	25.091	\$	2399.20	\$	2181.09
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	10	276		,	23,992.00		86.93	25.091		2399.20		2181.09
@INTERMEDIATE CARE FACILDD	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	5	\$		513.57	\$	102.71	.455	\$	128.39	\$	46.69
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	5			513.57		102.71	.455		128.39		46.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES 1	MONTH-OF-	-PAYMENT R	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 5,320
MOP024	FEE-FOR-SERVICE/DENTAL											03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	MIA -	SOC -	- LTC			AID CODE					
								N	TIMO	HIY AVERA	GE.	

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 11 ELIGIBLES USERS UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 27.52 1.273 \$ 128.41 \$ 35.02 @ALL OTHER PROVIDERS 14 \$ 385.23 0 0 .00 .00 .00 DURABLE MED. EQUIP. .000 .00 .00 .00 .00 BLOOD BANK 0 .000 .00 .00 .00 HEARING AID DISPENSERS 0 .00 .000 .00 143.02 286.04 MEDICAL TRANSPORTATION 12 23.84 1.091 26.00 12 286.04 23.84 143.02 AMBULANCES/AIR TRANS 1.091 26.00 .000 OTHER TRANS .00 .00 .00 .00 .00 .00 .00 .000 .00 OTHER SERVICES ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 OPTICIAN PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .000 .00 PSYCHOLOGIST 99.19 49.60 SPEECH AND AUDIOLOGY .182 99.19 9.02 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 .00 LOCAL EDUCATION AGENCIES .000 .00 .00 .000 .00 .00 . 00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 RESPIRATORY CARE PRACT. .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 0 .00 .00 ALL OTHER PROVIDERS .00 .000 .00 @CALIF. CHILDREN SERVICES\* .00 \$ .00 .000 \$ .00 \$ .00

@XOVER EXCLUDING STATE HOSP\*\* 4 5 \$ 14.88 \$ 2.98 .455 \$ 3.72 \$ 1.35 @\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,321 FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87 MOP024

LAKE COUNTY

LAKE COUNTI	SUMMARI OF SERV	/ICES FOR MIA - SOC -	PREGNANI	AID CODE			
OA BLICTBIES	HOEDO	INITED OF CEDITOR	EXDENDIMIDEC	ATTEDACE COOR	MON'		
04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
GEORGI ALL DROUTDERG	8	OR DAYS OF CARE	4 460 E0	PER UNIT/DAY	PER ELIG 14.250 \$	USER	ELIGIBLE \$ 1115.15
@TOTAL, ALL PROVIDERS		57 \$	4,460.59	\$ 78.26		557.57	
@PHYSICIANS SERVICES	5	23 \$	1,964.90	\$ 85.43	5.750 \$	392.98	\$ 491.23
OUTPATIENT VISITS	2	2	149.41	74.71	.500	74.71	37.35
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	149.41	74.71	.500	74.71	37.35
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	1,088.56	1088.56	.250	1088.56	272.14
PRINCIPAL SURGEON	1	1	1,088.56	1088.56	.250	1088.56	272.14
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	15	568.21	37.88	3.750	189.40	142.05
PRINCIPAL SURGEON	2	2	394.21	197.11	.500	197.11	98.55
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13	174.00	13.38	3.250	174.00	43.50
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	48.20	48.20	.250	48.20	12.05
RADIOLOGY	2	4	110.52	27.63	1.000	55.26	27.63
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0 3	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00			.00	.00
	0	0	.00	.00	.000	.00	.00
PERIODONTICS	U	0	.00				.00
ENDODONTICS	U	0		.00	.000	.00	
RESTORATIVE DENTISTRY	0	U	.00	.00	.000	.00	.00
PROSTHETICS	U	U	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	Ü	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

.00 MAXILLOFACIAL SERVICES 0 0 .00 .000 .00 .00 0 0 FRACTURES, DISLOCATIONS .00 .00 .000 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .000 .00 .00 0 .00 .00 .00 ALL OTHER SERVICES 0 .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,322

03/14/05

FEE-FOR-SERVICE/DENTAL LAKE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

MOP024

LAKE COUNTY	SUMMARY OF SER	VICES FOR MI	A - S	UC -	PREGNANT		AID CODE					
								M			GE.	
04 ELIGIBLES	USERS	UNITS OF SE			EXPENDITURES		RAGE COST					COST PER
		OR DAYS OF	' CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	4		33	\$	2,378.63	\$	72.08	8.250	\$	594.66	\$	594.66
HOSP INPATIENT TOTAL	1		2		1,663.87		831.94	.500		1663.87	·	415.97
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1		2		1,663.87		831.94	.500		1663.87		415.97
ACCOMMODATIONS	1		2		623.48		311.74	.500		623.48		155.87
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		2		623.48		311.74	.500		623.48		155.87
ANCILLARIES	1		0		1,040.39		.00	.000		1040.39		260.10
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4		31		714.76		23.06	7.750		178.69		178.69
MEDICAL	3		5		138.99		27.80	1.250		46.33		34.75
SURGERY	2		2		91.98		45.99	.500		45.99		23.00
PATHOLOGY	2		7		58.26		8.32	1.750		29.13		14.57
RADIOLOGY	1		2		108.02		54.01	.500		108.02		27.01
ROOM USE	2		4		201.98		50.50	1.000		100.99		50.50
CROSSOVERS/ALL OTH OUTPTNT	2		11		115.53		10.50	2.750		57.77		28.88
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0		0	7	.00	4	.00	.000	-	.00	-	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
THE CHIEF THE TIME	O		U		.00		• 0 0	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 5,323
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					03/14/05
LAKE COUNTY	SUMMARY OF SERVICES	FOR MIA - SOC	- PREGNANT	AID CODE	87		

LAKE COUNTY	SUMMARY OF SERV	/ICES FOR MIA - SOC -	PREGNANT	AID CODE	87		
					MON	ITHLY AVERA	GE
04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	33 \$	2,378.63	\$ 72.08	8.250	594.66	\$ 594.66
COMM HOSP INPATIENT TOTAL	1	2	1,663.87	831.94	.500	1663.87	415.97
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	2	1,663.87	831.94	.500	1663.87	415.97
ACCOMMODATIONS	1	2	623.48	311.74	.500	623.48	155.87
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	623.48	311.74	.500	623.48	155.87
ANCILLARIES	1	0	1,040.39	.00	.000	1040.39	260.10
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	Δ	31	714.76	23.06	7.750	178.69	178.69
MEDICAL	3	5	138.99	27.80	1.250	46.33	34.75
SURGERY	2	2	91.98	45.99	.500	45.99	23.00
PATHOLOGY	2	7	58.26	8.32	1.750	29.13	14.57
RADIOLOGY	1	2	108.02	54.01	.500	108.02	27.01
ROOM USE	2	4	201.98	50.50	1.000	100.99	50.50
CROSSOVERS/ALL OTH OUTPTNT	2	11	115.53	10.50	2.750	57.77	28.88
@STATE HOSPITAL	2	0 \$	.00	\$ .00	.000		
MENTALLY ILL	0	0 9	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
	0		.00		.000		.00
@NURSING FACILITY	0	0 \$		·			•
LEV A-INTERMEDIATE	U	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	U	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	U	0 \$	.00	\$ .00	.000		
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	Ü	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000		•
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000		•
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000		\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1 \$	117.06	\$ 117.06	.250		\$ 29.27
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	117.06	117.06	.250	117.06	29.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 200	4 THRU DE	C 2004	PAGE 5,324
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
LAKE COUNTY	SUMMARY OF SERVICES F	OR MIA - SOC	- PREGNANT	AID CODE 87			

LAKE COUNTI	SOUTHWILL OF SELV	AICES LOK MIN 20C	FINEGRANI	AID CODE	0 /		
					MON	THLY AVERAG	E
04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,325
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

LAKE COUNTY	SUMMARY OF SER	VICES FOR MIA - SOC -	TOTAL				
						ONTHLY AVERA	
15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	24	538 \$	40,868.83	\$ 75.96	35.867		
@PHYSICIANS SERVICES	7	26 \$	1,984.16	\$ 76.31	1.733		
OUTPATIENT VISITS	2	2	149.41	74.71	.133	74.71	9.96
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	149.41	74.71	.133	74.71	9.96
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	1,088.56	1088.56	.067	1088.56	72.57
PRINCIPAL SURGEON	1	1	1,088.56	1088.56	.067	1088.56	72.57
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	15	568.21	37.88	1.000	189.40	37.88
PRINCIPAL SURGEON	2	2	394.21	197.11	.133	197.11	26.28
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13	174.00	13.38	.867	174.00	11.60
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	48.20	48.20	.067	48.20	3.21
RADIOLOGY	3	6	127.30	21.22	.400	42.43	8.49
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	2.48	2.48	.067	2.48	.17
@PHARMACY	11	164 \$	11,261.63	\$ 68.67	10.933		
PRESCRIPTION DRUGS	11	164	11,261.63	68.67	10.933	1023.78	750.78
SNF/ICF	11	162	11,234.22	69.35	10.800	1021.29	748.95
OUTPATIENTS	1	2	27.41	13.71	.133	27.41	1.83
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	1 \$	25.00	\$ 25.00	.067		
VISITS - DIAGNOSTIC	1	1	25.00	25.00	.067	25.00	1.67
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU D	EC 2004	PAGE 5	5,326
MOP024	FEE-FOR-SERVICE/DEN	TAL					03/3	14/05
LAKE COUNTY	SUMMARY OF SERVICES	FOR MIA - SOC	- TOTAL					

----- MONTHLY AVERAGE -----15 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$ .00 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR .00 .00 .000 \$ .00 \$ .00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 12.40 3.10 @PODIATRIST .267 3.10 .83 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 0 .00 .00 SURGERY/ANES. .00 .000 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 4 12.40 3.10 .267 3.10 .83 .00 .00 .00 .00 @HOME HEALTH AGENCY .000 NURSE ANESTHESIST .00 .00 .000 .00 .00 0 .00 .000 .00 NURSE MIDWIFE .00 .00 0 .00 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .000 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 @TOTAL HOSPITAL 2,577.78 54.85 3.133 429.63 171.85 2 1,663.87 831.94 1663.87 110.92 .133 HOSP INPATIENT TOTAL HSC HOSPITALS 0 .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL 1,663.87 831.94 .133 1663.87 110.92 623.48 311.74 .133 623.48 41.57 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 311.74 623.48 .133 623.48 41.57 ALL OTHER ACCOM .00 1040.39 ANCILLARIES 1,040.39 .000 69.36 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 0 .00 .000 .00 ALL OTHER INPATIENT .00 .00 6 HOSP OUTPATIENT TOTAL 913.91 20.31 3.000 152.32 60.93 5 MEDICAL 138.99 27.80 .333 46.33 9.27 SURGERY 91.98 45.99 .133 45.99 6.13 19 210.52 11.08 1.267 70.17 PATHOLOGY 14.03 RADIOLOGY 4 154.91 38.73 .267 77.46 10.33 ROOM USE 201.98 50.50 .267 100.99 13.47 115.53 10.50 .733 57.77 7.70 CROSSOVERS/ALL OTH OUTPTNT 11 @COUNTY HOSPITAL TOTAL 0 .00 .00 .000 .00 S . 00 .00 .00 .00 CO HOSPITAL INPATIENT TOTAL .000 .00 .00 HSC HOSPITALS .00 .000 .00 0 .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	004 THRU DEC	2004	PAGE 5,327
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
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LAKE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

LAKE COOKII	SOMMANI OF SER	VICES FOR MIA S	00	IOIAL			MC	\ N.T.III		CE	
1E BLICIDLES	USERS	INTER OF CERTICE		EXPENDIBLE	70.7.7	ERAGE COST			COST PER	.GĽ	COCH DED
15 ELIGIBLES	USEKS	UNITS OF SERVICE		EXPENDITURES				)			COST PER
OCCUMUNITELY HOODIERS ENGRAL	_	OR DAYS OF CARE		0 577 70		R UNIT/DAY		<u></u>	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	47	\$	2,577.78	\$	54.85	3.133	Þ	429.63	Þ	171.85
COMM HOSP INPATIENT TOTAL	1	2		1,663.87		831.94	.133		1663.87		110.92
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	2		1,663.87		831.94	.133		1663.87		110.92
ACCOMMODATIONS	1	2		623.48		311.74	.133		623.48		41.57
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		623.48		311.74	.133		623.48		41.57
ANCILLARIES	1	0		1,040.39		.00	.000		1040.39		69.36
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	6	45		913.91		20.31	3.000		152.32		60.93
MEDICAL	3	5		138.99		27.80	.333		46.33		9.27
SURGERY	2	2		91.98		45.99	.133		45.99		6.13
PATHOLOGY	3	19		210.52		11.08	1.267		70.17		14.03
RADIOLOGY	2	4		154.91		38.73	.267		77.46		10.33
ROOM USE	2	4		201.98		50.50	.267		100.99		13.47
CROSSOVERS/ALL OTH OUTPINT	2	11		115.53		10.50	.733		57.77		7.70
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	10	276	\$	23,992.00	\$	86.93	18.400	\$	2399.20	\$	1599.47
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	10	276		23,992.00		86.93	18.400		2399.20		1599.47
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	Ś	.00	.000	Ś		\$	.00
ICF DDH	0	0	4	.00	4	.00	.000	т	.00	-	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	~	.00	Τ.	.00	.000	т	.00	~	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	٧	.00	ې	.00	.000	Y	.00	ٻ	.00
UOSETIAL DASED	U	U		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0	.00	)	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$	.00	) \$	.00	.000	\$ .00	\$	.00
PATHOLOGY	0	0	.00	)	.00	.000	.00		.00
XO AND OTHERS	0	0	.00	)	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	6 \$	630.63	\$	105.11	.400	\$ 126.13	\$	42.04
CLINIC	0	0	.00	)	.00	.000	.00		.00
SURGICENTER	0	0	.00	)	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	)	.00	.000	.00		.00
RURAL HEALTH CLINIC	5	6	630.63	3	105.11	.400	126.13		42.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2	2004 THRU	DEC 2004	PAG	E 5,328
MOP024	FEE-FOR-SERVICE/DENTA	L							03/14/05
LAKE COUNTY	SUMMARY OF SERVICES F	OR MIA - SOC	- TOTAL						
						M	ONTHLY AVERA	GE	

					MON	ILLI AAFVAC	3E
15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	14 \$	385.23	\$ 27.52	.933 \$	128.41	\$ 25.68
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	12	286.04	23.84	.800	143.02	19.07
AMBULANCES/AIR TRANS	2	12	286.04	23.84	.800	143.02	19.07
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.133	99.19	6.61
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	4	5 \$	14.88	\$ 2.98	.333 \$	3.72	\$ .99

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,329
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

						MC	NTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERA	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER U	JNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$	.00	.000	\$ .00	\$	.00
@PHYSICIANS SERVICES	0	0	\$ .00	\$	.00	.000	\$ .00	\$	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES MO	NTH-OF-PAYMENT REPO	RT FOR JAN	2004 THRU DEC	2004	PAGE 5,330
MOP024	FEE-FOR-SERVICE/DEN	ITAL					03/14/05
LAKE COUNTY	SUMMARY OF SERVICES	FOR FOR FUTURE U	JSE				
					MONT	HLY AVERAGE	E

							M	ONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAC	SE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PER UN	IIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT REPORT	r for Jan	2004 THRU I	DEC 2004	PAGE 5,331
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	FOR FUTURE	USE				
					MC	ONTHLY AVERAG	E

00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	IINITS/DAYS	COST PER	COST PER
00 221012220	OCLINO	OR DAYS OF CARE		EMI EMDITORED	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000 \$	.00	
COMM HOSP INPATIENT TOTAL	Ō	0	•	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	) EXPENDITUR	ES MONTH	-OF-PAYMENT	REPORT	FOR JAN 2	004 THRU	DEC	2004	PAGE	5 <b>,</b> 332
MOP024	FEE-FOR-SERVICE/DENTA	ΔL								03	3/14/05
LAKE COUNTY	SUMMARY OF SERVICES E	OR FOR FUT	URE USE								

EINE COONT	SOLUTION OF SERVI				MONT	THIY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 221013220	00210	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

					MONT	MONTHLY AVERAGE						
254 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER					
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE					
@TOTAL, ALL PROVIDERS	467 213 116	4,335 \$	522,821.16	\$ 120.60			\$ 2058.35					
@PHYSICIANS SERVICES	213	1 <b>,</b> 196 \$	49,134.18	\$ 41.08	4.709 \$	230.68	\$ 193.44					
OUTPATIENT VISITS	116	681	11,714.39	17.20	2.681	100.99	46.12					
OFFICE VISITS	18	25	776.65	31.07	.098	43.15	3.06					
HOME VISITS	0	0	.00	.00	.000	.00	.00					
EMERGENCY ROOM	32	34	2,186.78	64.32	.134	68.34	8.61					
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00					
OB VISITS/COMPRE PERI	73	620	8,701.76	14.04	2.441	119.20	34.26					
OTHER OUTPATIENT	2	2	49.20	24.60	.008	24.60	.19					
INPATIENT VISITS	21	80	5,101.78	63.77	.315	242.94	20.09					
HOSPITAL VISITS	21	56	2,457.51	43.88	.220	117.02	9.68					
CRITICAL CARE	2	24	2,644.27	110.18	.094	1322.14	10.41					
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00					
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00					
EXAMINATIONS	0	0	.00	.00	.000	.00	.00					
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00					
INPATIENT HOSPITAL SURGERY	34	156	16,623.67 13,771.84	106.56	.614	488.93	65.45					
PRINCIPAL SURGEON	24	28	13,771.84	491.85	.110	573.83	54.22					
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00					
ANESTHESIOLOGIST	12	128	2,851.83	22.28	.504	237.65	11.23					
OUTPATIENT SURGERY	33	70	2,776.35	39.66	.276	84.13	10.93					
PRINCIPAL SURGEON	28	34	2,037.98	59.94	.134	72.79	8.02					
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00					
ANESTHESIOLOGIST	6	36	738.37	20.51	.142	123.06	2.91					
DIALYSIS	0	0	.00	.00	.000	.00	.00					
PATHOLOGY	33	49	1,119.74	22.85	.193	33.93	4.41					
RADIOLOGY	62	76	2,603.44	34.26	.299	41.99	10.25					
PSYCHIATRY	0	0	.00	.00	.000	.00	.00					
IMMUNIZATION AND INJECTION	8	34	7,567.97	222.59	.134	946.00	29.80					
OTHER SERVICES/ALL X-OVERS	21	50	1,626.84	32.54	.197	77.47	6.40					
@PHARMACY	150	463 \$	30,382.06	\$ 65.62	1.823 \$	202.55	\$ 119.61					
PRESCRIPTION DRUGS	146	449	30,105.06	67.05	1.768	206.20	118.52					
SNF/ICF	11	162	11,234.22	69.35	.638	1021.29	44.23					
OUTPATIENTS	136	287	18,870.84	65.75	1.130	138.76	74.29					
MEDICAL SUPPLIES	7	14	277.00	19.79	.055	39.57	1.09					
@DENTIST	4	9 \$	1,348.00	\$ 149.78	.035 \$	337.00	\$ 5.31					
VISITS - DIAGNOSTIC	3	5	83.00	16.60	.020	27.67	.33					
ORAL SURGERY	0	0	.00	.00	.000	.00	.00					
DRUGS	0	0	.00	.00	.000	.00	.00					
ANESTHESIA	0	0	.00	.00	.000	.00	.00					
PERIODONTICS	0	0	.00	.00	.000	.00	.00					
ENDODONTICS	0	0	.00	.00	.000	.00	.00					
RESTORATIVE DENTISTRY	1	2	415.00	207.50	.008	415.00	1.63					
PROSTHETICS	0	0	.00	.00	.000	.00	.00					
DENTURES, STAYPLATES	1	2	850.00	425.00	.008	850.00	3.35					
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00					
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00					
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00					
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00					
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DEC	2004	PAGE 5,334					

FEE-FOR-SERVICE/DENTAL

03/14/05

DARE COONTI	SOMMAN OF SERV	TCED FOR	пиртский	1 111/1	GENI ADOLIS	10	IAL					
										HLY AVERA	-	
254 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS	OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2		8	\$	172.59	\$	21.57	.031	\$	86.30	\$	.68
DIAGNOSTIC AND ANC. PROCED	2		2		86.89	1	43.45	.008		43.45		.34
EYE APPLIANCES	2		6		85.70		14.28	.024		42.85		.34
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	4		4	\$	12.40	\$	3.10	.016	\$	3.10	\$	.05
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	4		4		12.40		3.10	.016		3.10		.05
@HOME HEALTH AGENCY	11		17	\$	936.71	\$	55.10	.067	\$	85.16	\$	3.69
NURSE ANESTHESIST	1		4	\$	100.92	\$	25.23	.016	\$	100.92	\$	.40
NURSE MIDWIFE	7		108	\$	2,004.26	\$	18.56	.425	\$	286.32	\$	7.89
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	220	1	1 <b>,</b> 387	\$	338,780.41	\$	244.25	5.461	\$	1539.91	\$	1333.78
HOSP INPATIENT TOTAL	36		187		313,030.20		1673.96	.736		8695.28		1232.40
HSC HOSPITALS	7		53		88,157.04		1663.34	.209		12593.86		347.07
NON-HSC HOSPITAL TOTAL	30		134		224,873.16		1678.16	.528		7495.77		885.33
ACCOMMODATIONS	30		134		107,462.38		801.96	.528		3582.08		423.08
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	30		134		107,462.38		801.96	.528		3582.08		423.08
ANCILLARIES	30		0		117,410.78		.00	.000		3913.69		462.25
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	210	1,200		25,750.21		21.46	4.724		122.62		101.38
MEDICAL	24	46		1,692.28		36.79	.181		70.51		6.66
SURGERY	30	47		1,511.70		32.16	.185		50.39		5.95
PATHOLOGY	148	642		8,771.92		13.66	2.528		59.27		34.54
RADIOLOGY	61	67		5,522.07		82.42	.264		90.53		21.74
ROOM USE	67	109		4,584.96		42.06	.429		68.43		18.05
CROSSOVERS/ALL OTH OUTPINT	81	289		3,667.28		12.69	1.138		45.28		14.44
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES 1	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 5,335
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05
LAKE COUNTY	SUMMARY OF SERVICES E	OR MEDICA	LLY	INDIGENT - ADULTS -	- TOTA	L					

----- MONTHLY AVERAGE -----254 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 338,780.41 \$ 244.25 5.461 \$ 1539.91 \$ 1333.78 @COMMUNITY HOSPITAL TOTAL 220 1,387 \$ 36 1673.96 .736 1663.34 .209 187 COMM HOSP INPATIENT TOTAL 313,030.20 8695.28 1232.40 .209 12593.86 HSC HOSPITALS 7 53 88,157.04 347.07 30 .528 7495.77 134 224,873.16 1678.16 885.33 NON-HSC HOSPITALS TOTAL 
 107,462.38
 801.96
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 423.08

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 ACCOMMODATIONS 30 134 ADMINISTRATIVE DAYS 0 0 0 TRANSITIONAL IP CARE 30 134 ALL OTHER ACCOM 0 ANCILLARIES INPATIENT CROSSOVERS 0 1,200 0 .00 .00 .00 .000 .00 ALL OTHER INPATIENT 21.46 4.724 122.62 210 101.38 COMM HOSP OUTPATIENT TOTAL 25,750.21 24 1,692.28 70.51 MEDICAL 36.79 .181 SURGERY 30 47 1,511.70 32.16 .185 50.39 5.95 8,771.92 13.66 2.528 59.27 148 642 34.54 PATHOLOGY .264 67 82.42 90.53 RADIOLOGY 5,522.07 109 42.06 67 4,584.96 .429 68.43 ROOM USE 18.05 CROSSOVERS/ALL OTH OUTPINT 289 3,667.28 12.69 1.138 45.28 14.44 0 .00 \$ .00 .000 \$ .00 \$ @STATE HOSPITAL 0 0 0 .00 .00 MENTALLY ILL .00 .000 .00 .00 .00 .000 .00 DEVELOP. DISABLED Ω .00 23,992.00 \$ 86.93 10 276 1.087 \$ 2399.20 \$ @NURSING FACILITY .000 0 0 .00 .00 LEV A-INTERMEDIATE .00 .00 .00 0 .000 .00 LEV B-REHAB MD .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	10	276		23,992.00		86.93	1.087		2399.20		94.46
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	18	38	\$	730.28	\$	19.22	.150	\$	40.57	\$	2.88
PATHOLOGY	18	38		730.28		19.22	.150		40.57		2.88
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	229	528	\$	64,191.97	\$	121.58	2.079	\$	280.31	\$	252.72
CLINIC	20	95		4,344.67		45.73	.374		217.23		17.11
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	210	433		59,847.30		138.22	1.705		284.99		235.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE	S MONTH-	OF-PAYMENT F	REPORT	' FOR JAN	2004 THRU	DEC	2004	P.	AGE 5,336
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	MEDICALL	Y INDIGE	NT - ADULTS	- TOT	'AL					

LAKE COUNTI	SUMMARI OF SER	VICES FOR MEDICAL	דד דור	NDIGENI - ADULIS .	- IOIAL			
						MC	ONTHLY AVERA	GE
254 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	36	297	\$	11,035.38	\$ 37.16	1.169	\$ 306.54	\$ 43.45
DURABLE MED. EQUIP.	3	4		289.98	72.50	.016	96.66	1.14
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	261		7,406.23	28.38	1.028	822.91	29.16
AMBULANCES/AIR TRANS	9	259		3,806.23	14.70	1.020	422.91	14.99
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	2		3,600.00	1800.00	.008	1800.00	14.17
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	18	18		1,890.00	105.00	.071	105.00	7.44
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	4	9		90.81	10.09	.035	22.70	.36
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1		144.48	144.48	.004	144.48	.57
PROSTHETICS	1	1		144.48	144.48	.004	144.48	.57
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2		99.19	49.60	.008	99.19	.39
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1		1,106.68	1106.68	.004	1106.68	4.36
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1		8.01	8.01	.004	8.01	.03
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

@XOVER EXCLUDING STATE HOSP\*\* 4 5 \$ 14.88 \$ 2.98 .020 \$ 3.72 \$ .06 @\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,337 MOP024 FEE-FOR-SERVICE/DENTAL

LAKE COUNTY SUMMARY OF SERVICES FOR ALL AGED

LAKE COUNTI	SUMMARI OF SERV	VICES FOR ALL AGED			MONI	TILL ALIEDA	GE
16,522 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MON'		COST PER
10,322 ELIGIBLES	USEKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	14,795	409,786 \$	12,350,899.50	\$ 30.14	24.802 \$	834.80	
- ,	2,546	10,014 \$	157,958.61	\$ 15.77	.606 \$		
@PHYSICIANS SERVICES OUTPATIENT VISITS	2,346	10,014 \$	6,251.35	49.22	.008	75.32	.38
	52		2,089.18	28.62	.008	40.18	
OFFICE VISITS	52 1	73 1		28.62 34.30	.004	34.30	.13
HOME VISITS EMERGENCY ROOM	34	53	34.30 4,127.87	77.88	.003	121.41	.00 .25
	0	0	•			.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00			.00	.00
OTHER OUTPATIENT	•			.00	.000		
INPATIENT VISITS	40	172	8,669.71	50.41	.010	216.74	.52
HOSPITAL VISITS	28	127	5,321.28	41.90	.008	190.05	.32
CRITICAL CARE	7	25	2,789.20	111.57	.002	398.46	.17
SNF/ICF/TRANS IP CARE	12	20	559.23	27.96	.001	46.60	.03
OPHTHALMOLOGICAL SERVICES	17	19	651.31	34.28	.001	38.31	.04
EXAMINATIONS	17	19	651.31	34.28	.001	38.31	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	58	5,275.36	90.95	.004	439.61	.32
PRINCIPAL SURGEON	9	18	4,618.76	256.60	.001	513.20	.28
ASSISTANT SURGEON	1	1	71.85	71.85	.000	71.85	.00
ANESTHESIOLOGIST	4	39	584.75	14.99	.002	146.19	.04
OUTPATIENT SURGERY	21	62	4,099.97	66.13	.004	195.24	.25
PRINCIPAL SURGEON	19	32	3,643.94	113.87	.002	191.79	.22
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	30	456.03	15.20	.002	152.01	.03
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	15	18	365.41	20.30	.001	24.36	.02
RADIOLOGY	60	137	3,818.06	27.87	.008	63.63	.23
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	43.76	21.88	.000	21.88	.00
OTHER SERVICES/ALL X-OVERS	2,416	9,419	128,783.68	13.67	.570	53.30	7.79
@PHARMACY	12,179	244,944 \$	3,968,797.04	\$ 16.20	14.825 \$		·
PRESCRIPTION DRUGS	11,947	58,833	3,796,721.92	64.53	3.561	317.80	229.80
SNF/ICF	1,755	12,316	678 <b>,</b> 679.57	55.11	.745	386.71	41.08
OUTPATIENTS	10,213	46,517	3,118,042.35	67.03	2.815	305.30	188.72
MEDICAL SUPPLIES	1,568	186,111	172,075.12	.92	11.264	109.74	10.41
@DENTIST	314	829 \$	.,	\$ 55.44	.050 \$		
VISITS - DIAGNOSTIC	254	526	9,819.05	18.67	.032	38.66	.59
ORAL SURGERY	23	130	6,458.25	49.68	.008	280.79	.39
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	5	5	600.00	120.00	.000	120.00	.04
PERIODONTICS	3	3	354.00	118.00	.000	118.00	.02
ENDODONTICS	8	10	2,371.00	237.10	.001	296.38	.14
RESTORATIVE DENTISTRY	26	57	3 <b>,</b> 551.00	62.30	.003	136.58	.21
PROSTHETICS	2	2	60.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	46	98	22,747.00	232.11	.006	494.50	1.38
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	. (	00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	. (	00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	. (	00
ALL OTHER SERVICES	1	2CR	.00	.00	.000	.00	. (	00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU	DEC 2004	PAGE 5,	,338
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14	4/05
LAKE COUNTY	SUMMARY OF SERVICES	FOR ALL AGED						

LAKE COUNTY	SUMMARY OF SER	VICES FOR ALL AGE	ED							
16 500			_		 	MC			.GE	
16,522 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ERAGE COST		3			COST PER
0.0000000000000000000000000000000000000	252	OR DAYS OF CARE		15 500 55	R UNIT/DAY	_		USER		ELIGIBLE
@OPTOMETRIST	379	987	\$	17,708.55	\$ 17.94	.060	Ş	46.72	Ş	1.07
DIAGNOSTIC AND ANC. PROCED	10	10		486.14	48.61	.001		48.61		.03
EYE APPLIANCES	337	888		15,506.38	17.46	.054		46.01		.94
OTHER OPTOMETRIC SERVICES	48	89		1,716.03	19.28	.005		35.75		.10
@CHIROPRACTOR	15	21	\$	301.02	\$	.001	\$	20.07	\$	.02
VISITS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	15	21		301.02	14.33	.001		20.07		.02
@PODIATRIST	284	400	\$	2,299.47	\$ 5.75	.024	\$	8.10	\$	.14
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	284	400		2,299.47	5.75	.024		8.10		.14
@HOME HEALTH AGENCY	12	61	\$	4,308.31	\$ 70.63	.004		359.03	\$	.26
NURSE ANESTHESIST	1	18	\$	53.71	\$ 2.98	.001			\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000		.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$		\$ .00	.000	\$		\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$		\$ .00	.000		.00	\$	.00
@TOTAL HOSPITAL	2,648	0 17 <b>,</b> 362	\$	1,491,918.46	\$ 85.93	1.051	\$	563.41	\$	90.30
HOSP INPATIENT TOTAL	342	349		1,225,071.33	3510.23	.021		3582.08		74.15
HSC HOSPITALS	4	26		31,776.55	1222.18	.002		7944.14		1.92
NON-HSC HOSPITAL TOTAL	40	323		941,536.72	2914.97	.020		23538.42		56.99
ACCOMMODATIONS	40	323		298,116.83	922.96	.020		7452.92		18.04
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	40	323		298,116.83	922.96	.020		7452.92		18.04
ANCILLARIES	40	0		643,419.89	.00	.000		16085.50		38.94
INPATIENT CROSSOVERS	298	0		251,758.06	.00	.000		844.83		15.24
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,515	17,013		266,847.13	15.68	1.030		106.10		16.15
MEDICAL	21	40		2,724.83	68.12	.002		129.75		.16
SURGERY	5	5		264.56	52.91	.000		52.91		.02
PATHOLOGY	52	222		2,635.39	11.87	.013		50.68		.16
RADIOLOGY	47	67		4,789.80	71.49	.004		101.91		.29
ROOM USE	30	38		1,598.27	42.06	.002		53.28		.10
CROSSOVERS/ALL OTH OUTPTNT	2,455	38 16 <b>,</b> 641		254,834.28	15.31	1.007		103.80		15.42
@COUNTY HOSPITAL TOTAL	5	25	\$	1,896.48	\$ 75.86	.002	\$	379.30	\$	.11
CO HOSPITAL INPATIENT TOTAL	2	0		1,729.28	.00	.000		864.64		.10
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	2	0		1,729.28	.00	.000		864.64		.10
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	Λ	25		167.20	6.69	.002	41.80		.01
MEDICAL	1	1		27.50	27.50	.000	27.50		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	1	1		35.69	35.69	.000	35.69		.00
CROSSOVERS/ALL OTH OUTPTNT	3	23		104.01	4.52	.001	34.67		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO		RES I	MONTH-OF-PAYMENT RI				PAG	
MOP024	FEE-FOR-SERVICE					2001 111110 22	.0 2001		03/14/05
LAKE COUNTY		/ICES FOR ALL AG	ED						
						MON	THLY AVERA	GE	
16,522 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	СО	ST PER
•		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	EL	IGIBLE
@COMMUNITY HOSPITAL TOTAL	2,643	17,337	\$	1,490,021.98	\$ 85.94	1.049 \$	563.76	\$	90.18
COMM HOSP INPATIENT TOTAL	340	349		1,223,342.05	3505.28	.021	3598.06		74.04
HSC HOSPITALS	4	26		31,776.55	1222.18	.002	7944.14		1.92
NON-HSC HOSPITALS TOTAL	40	323		941,536.72	2914.97	.020	23538.42		56.99
ACCOMMODATIONS	40	323		298,116.83	922.96	.020	7452.92		18.04
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	40	323		298,116.83	922.96	.020	7452.92		18.04
ANCILLARIES	40	0		643,419.89	.00	.000	16085.50		38.94
INPATIENT CROSSOVERS	296	0		250,028.78	.00	.000	844.69		15.13
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	2,511	16 <b>,</b> 988		266,679.93	15.70	1.028	106.20		16.14
MEDICAL	20	39		2,697.33	69.16	.002	134.87		.16
SURGERY	5	5		264.56	52.91	.000	52.91		.02
PATHOLOGY	52	222		2,635.39	11.87	.013	50.68		.16
RADIOLOGY	47	67		4,789.80	71.49	.004	101.91		.29
ROOM USE	29	37		1,562.58	42.23	.002	53.88		.09
CROSSOVERS/ALL OTH OUTPTNT	2,452	16,618		254,730.27	15.33	1.006	103.89		15.42
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1,890	51 <b>,</b> 892	\$		\$		3.141	\$		\$	329.48
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	16	672		75 <b>,</b> 284.04		112.03	.041		4705.25		4.56
LEV B-SUBACUTE FREESTANDING	1	44		12,131.84		275.72	.003		12131.84		.73
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0 1,873	51,176		5,356,330.13		104.66	3.097		2859.76		324.19
@INTERMEDIATE CARE FACILDD	9	244	\$	34,328.80	\$	140.69	.015	\$	3814.31	\$	2.08
ICF DDH	9	244		34,328.80		140.69	.015		3814.31		2.08
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	74	116	\$		\$		.007	\$		\$	3.62
HOSPITAL BASED	0	0		.00	·	.00	.000	•	.00		.00
HEMODIALYSIS CENTER	74	116		59,795.91		515.48	.007		808.05		3.62
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0		.00	'	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	16	36	\$		\$	9.07	.002	Ś		Ś	.02
PATHOLOGY	13	32	7	276.06	7	8.63	.002	т.	21.24	т	.02
XO AND OTHERS	3	4		50.47		12.62	.000		16.82		.00
	3,339	5,467	\$	345,206.10			.331	¢		Ś	20.89
CLINIC CLINIC	9	19	Y	441.42	٧	23.23	.001	Y	49.05	Y	.03
SURGICENTER	31	38		6,821.25		179.51	.002		220.04		.41
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3 <b>,</b> 309	5,410		337,943.43		62.47	.327		102.13		20.45
			DEC M	IONTH-OF-PAYMENT RE	голот			חבר		Б	PAGE 5,340
			1/11/20 14	IONIII OF FAIRENI KI	TE OILT	FOR UAN	2004 11110		2004	E	
$M \cap D \cap 2 A$	FFF_FOD_CFDUTCE	י / הבאודיא ד									03/1//05
MOP024	FEE-FOR-SERVICE	'	רושי								03/14/05
MOP024 LAKE COUNTY		C/DENTAL VICES FOR ALL AG	ED				M	∩NITT		CE	, , ,
LAKE COUNTY	SUMMARY OF SERV	CICES FOR ALL AG		EADENDIMIDES	7/1/2	DACE COST			HLY AVERA		
		VICES FOR ALL AG	E	EXPENDITURES			UNITS/DAY	S	COST PER		 COST PER
LAKE COUNTY  16,522 ELIGIBLES	SUMMARY OF SERV	VICES FOR ALL AGUALITY OF SERVICE OR DAYS OF CAR	E E		PER	. UNIT/DAY	UNITS/DAY PER ELIG	S	COST PER USER		COST PER
LAKE COUNTY  16,522 ELIGIBLES  @ALL OTHER PROVIDERS	SUMMARY OF SERV USERS 2,933	VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 77,395	E	778,190.68		UNIT/DAY 10.05	UNITS/DAY PER ELIG 4.684	S	COST PER USER 265.32		COST PER ELIGIBLE 47.10
LAKE COUNTY  16,522 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERV USERS 2,933 161	VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 77,395 863	E E	778,190.68 111,907.50	PER	UNIT/DAY 10.05 129.67	UNITS/DAY PER ELIG 4.684 .052	S	COST PER USER 265.32 695.08		COST PER ELIGIBLE 47.10 6.77
LAKE COUNTY  16,522 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERV USERS 2,933 161 0	VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 77,395 863 0	E E	778,190.68 111,907.50	PER \$	UNIT/DAY 10.05 129.67 .00	UNITS/DAY PER ELIG 4.684 .052 .000	S	COST PER USER 265.32 695.08		COST PER ELIGIBLE 47.10 6.77 .00
LAKE COUNTY  16,522 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	USERS  2,933  161  0  4	VICES FOR ALL AGUNITS OF SERVICOR DAYS OF CAR 77,395 863 0 4	E E	778,190.68 111,907.50	PER \$	UNIT/DAY 10.05 129.67 .00	UNITS/DAY PER ELIG 4.684 .052 .000	S	COST PER USER 265.32 695.08 .00 474.34		COST PER ELIGIBLE 47.10 6.77 .00
LAKE COUNTY  16,522 ELIGIBLES  CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	USERS  2,933  161  0  4  286	VICES FOR ALL AG  UNITS OF SERVIC  OR DAYS OF CAR  77,395  863  0  4  35,974	E E	778,190.68 111,907.50 .00 1,897.36 95,067.86	PER \$	UNIT/DAY 10.05 129.67 .00 474.34 2.64	UNITS/DAY PER ELIG 4.684 .052 .000 .000 2.177	S	COST PER USER 265.32 695.08 .00 474.34 332.41		COST PER ELIGIBLE 47.10 6.77 .00 .11 5.75
LAKE COUNTY  16,522 ELIGIBLES  CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	USERS  2,933  161  0  4  286  67	VICES FOR ALL AG  UNITS OF SERVIC  OR DAYS OF CAR  77,395  863  0  4  35,974  1,055	E E	778,190.68 111,907.50 .00 1,897.36 95,067.86 12,177.75	PER \$	UNIT/DAY 10.05 129.67 .00 474.34 2.64 11.54	UNITS/DAY PER ELIG 4.684 .052 .000 .000 2.177 .064	S	COST PER USER 265.32 695.08 .00 474.34 332.41 181.76		COST PER ELIGIBLE 47.10 6.77 .00 .11 5.75 .74
LAKE COUNTY  16,522 ELIGIBLES  CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	USERS  2,933  161  0  4  286  67  196	VICES FOR ALL AG  UNITS OF SERVIC  OR DAYS OF CAR  77,395  863  0  4  35,974  1,055  34,529	E E	778,190.68 111,907.50 .00 1,897.36 95,067.86 12,177.75 77,179.45	PER \$	UNIT/DAY 10.05 129.67 .00 474.34 2.64 11.54 2.24	UNITS/DAY PER ELIG 4.684 .052 .000 .000 2.177 .064 2.090	S	COST PER USER 265.32 695.08 .00 474.34 332.41 181.76 393.77		COST PER ELIGIBLE 47.10 6.77 .00 .11 5.75 .74 4.67
LAKE COUNTY  16,522 ELIGIBLES  CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	USERS  2,933  161  0  4  286  67  196  56	VICES FOR ALL AG  UNITS OF SERVIC  OR DAYS OF CAR  77,395  863  0  4  35,974  1,055  34,529  390	E E	778,190.68 111,907.50 .00 1,897.36 95,067.86 12,177.75 77,179.45 5,710.66	PER \$	UNIT/DAY 10.05 129.67 .00 474.34 2.64 11.54 2.24 14.64	UNITS/DAY PER ELIG 4.684 .052 .000 .000 2.177 .064 2.090 .024	S	COST PER USER 265.32 695.08 .00 474.34 332.41 181.76 393.77 101.98		COST PER ELIGIBLE 47.10 6.77 .00 .11 5.75 .74 4.67 .35
LAKE COUNTY  16,522 ELIGIBLES  ©ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	USERS  2,933  161  0  4  286  67  196  56  89	VICES FOR ALL AG  UNITS OF SERVIC  OR DAYS OF CAR  77,395  863  0  4  35,974  1,055  34,529  390  202	E E	778,190.68 111,907.50 .00 1,897.36 95,067.86 12,177.75 77,179.45 5,710.66 3,471.02	PER \$	UNIT/DAY 10.05 129.67 .00 474.34 2.64 11.54 2.24 14.64 17.18	UNITS/DAY PER ELIG 4.684 .052 .000 .000 2.177 .064 2.090 .024 .012	S	COST PER USER 265.32 695.08 .00 474.34 332.41 181.76 393.77 101.98 39.00		COST PER ELIGIBLE 47.10 6.77 .00 .11 5.75 .74 4.67 .35 .21
LAKE COUNTY  16,522 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	USERS  2,933  161  0  4  286  67  196  56  89  19	VICES FOR ALL AG  UNITS OF SERVIC.  OR DAYS OF CAR  77,395  863  0  4  35,974  1,055  34,529  390  202  318	E E	778,190.68 111,907.50 .00 1,897.36 95,067.86 12,177.75 77,179.45 5,710.66 3,471.02 21,626.50	PER \$	UNIT/DAY 10.05 129.67 .00 474.34 2.64 11.54 2.24 14.64 17.18 68.01	UNITS/DAY PER ELIG 4.684 .052 .000 .000 2.177 .064 2.090 .024 .012 .019	S	COST PER USER 265.32 695.08 .00 474.34 332.41 181.76 393.77 101.98 39.00 1138.24		COST PER ELIGIBLE 47.10 6.77 .00 .11 5.75 .74 4.67 .35 .21 1.31
LAKE COUNTY  16,522 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	USERS  2,933  161  0  4  286  67  196  56  89  19  0	VICES FOR ALL AG  UNITS OF SERVIC  OR DAYS OF CAR  77,395  863  0  4  35,974  1,055  34,529  390  202  318  0	E E	778,190.68 111,907.50 .00 1,897.36 95,067.86 12,177.75 77,179.45 5,710.66 3,471.02 21,626.50 .00	PER \$	UNIT/DAY 10.05 129.67 .00 474.34 2.64 11.54 2.24 14.64 17.18 68.01 .00	UNITS/DAY PER ELIG 4.684 .052 .000 .000 2.177 .064 2.090 .024 .012 .019 .000	S	COST PER USER 265.32 695.08 .00 474.34 332.41 181.76 393.77 101.98 39.00 1138.24 .00		COST PER ELIGIBLE 47.10 6.77 .00 .11 5.75 .74 4.67 .35 .21 1.31 .00
LAKE COUNTY  16,522 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	USERS  2,933  161  0  4  286  67  196  56  89  19  0  842	UNITS OF SERVIC OR DAYS OF CAR 77,395 863 0 4 35,974 1,055 34,529 390 202 318 0 3,894	E E	778,190.68 111,907.50 .00 1,897.36 95,067.86 12,177.75 77,179.45 5,710.66 3,471.02 21,626.50 .00 335,181.71	PER \$	UNIT/DAY 10.05 129.67 .00 474.34 2.64 11.54 2.24 14.64 17.18 68.01 .00 86.08	UNITS/DAY PER ELIG 4.684 .052 .000 .000 2.177 .064 2.090 .024 .012 .019 .000 .236	S	COST PER USER 265.32 695.08 .00 474.34 332.41 181.76 393.77 101.98 39.00 1138.24 .00 398.08		COST PER ELIGIBLE 47.10 6.77 .00 .11 5.75 .74 4.67 .35 .21 1.31 .00 20.29
LAKE COUNTY  16,522 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	USERS  2,933 161 0 4 286 67 196 56 89 19 0 842 0	UNITS OF SERVIC OR DAYS OF CAR 77,395 863 0 4 35,974 1,055 34,529 390 202 318 0 3,894	E E	778,190.68 111,907.50 .00 1,897.36 95,067.86 12,177.75 77,179.45 5,710.66 3,471.02 21,626.50 .00 335,181.71	PER \$	UNIT/DAY 10.05 129.67 .00 474.34 2.64 11.54 2.24 14.64 17.18 68.01 .00 86.08 .00	UNITS/DAY PER ELIG 4.684 .052 .000 .000 2.177 .064 2.090 .024 .012 .019 .000 .236 .000	S	COST PER USER 265.32 695.08 .00 474.34 332.41 181.76 393.77 101.98 39.00 1138.24 .00 398.08		COST PER ELIGIBLE 47.10 6.77 .00 .11 5.75 .74 4.67 .35 .21 1.31 .00 20.29 .00
LAKE COUNTY  16,522 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	USERS  2,933 161 0 4 286 67 196 56 89 19 0 842 0 391	VICES FOR ALL AG  UNITS OF SERVIC  OR DAYS OF CAR  77,395  863  0  4  35,974  1,055  34,529  390  202  318  0  3,894  0  949	E E	778,190.68 111,907.50 .00 1,897.36 95,067.86 12,177.75 77,179.45 5,710.66 3,471.02 21,626.50 .00 335,181.71 .00 10,882.78	PER \$	UNIT/DAY 10.05 129.67 .00 474.34 2.64 11.54 2.24 14.64 17.18 68.01 .00 86.08 .00 11.47	UNITS/DAY PER ELIG 4.684 .052 .000 .000 2.177 .064 2.090 .024 .012 .019 .000 .236 .000 .057	S	COST PER USER 265.32 695.08 .00 474.34 332.41 181.76 393.77 101.98 39.00 1138.24 .00 398.08 .00 27.83		COST PER ELIGIBLE 47.10 6.77 .00 .11 5.75 .74 4.67 .35 .21 1.31 .00 20.29 .00 .66
LAKE COUNTY  16,522 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	USERS  2,933 161 0 4 286 67 196 56 89 19 0 842 0 391	VICES FOR ALL AG  UNITS OF SERVIC  OR DAYS OF CAR  77,395  863  0  4  35,974  1,055  34,529  390  202  318  0  3,894  0  949  61	E E	778,190.68 111,907.50 .00 1,897.36 95,067.86 12,177.75 77,179.45 5,710.66 3,471.02 21,626.50 .00 335,181.71 .00 10,882.78 164.40	PER \$	UNIT/DAY 10.05 129.67 .00 474.34 2.64 11.54 2.24 14.64 17.18 68.01 .00 86.08 .00 11.47 2.70	UNITS/DAY PER ELIG 4.684 .052 .000 .000 2.177 .064 2.090 .024 .012 .019 .000 .236 .000 .057 .004	S	COST PER USER 265.32 695.08 .00 474.34 332.41 181.76 393.77 101.98 39.00 1138.24 .00 398.08 .00 27.83 164.40		COST PER ELIGIBLE 47.10 6.77 .00 .11 5.75 .74 4.67 .35 .21 1.31 .00 20.29 .00 .66 .01
LAKE COUNTY  16,522 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	USERS  2,933 161 0 4 286 67 196 56 89 19 0 842 0 391 1 8	VICES FOR ALL AG  UNITS OF SERVIC  OR DAYS OF CAR  77,395  863  0  4  35,974  1,055  34,529  390  202  318  0  3,894  0  949  61  18	E E	778,190.68 111,907.50 .00 1,897.36 95,067.86 12,177.75 77,179.45 5,710.66 3,471.02 21,626.50 .00 335,181.71 .00 10,882.78 164.40 10.73	PER \$	UNIT/DAY 10.05 129.67 .00 474.34 2.64 11.54 2.24 14.64 17.18 68.01 .00 86.08 .00 11.47 2.70 .60	UNITS/DAY PER ELIG 4.684 .052 .000 .000 2.177 .064 2.090 .024 .012 .019 .000 .236 .000 .057 .004 .001	S	COST PER USER 265.32 695.08 .00 474.34 332.41 181.76 393.77 101.98 39.00 1138.24 .00 398.08 .00 27.83 164.40 1.34		COST PER ELIGIBLE 47.10 6.77 .00 .11 5.75 .74 4.67 .35 .21 1.31 .00 20.29 .00 .66 .01 .00
LAKE COUNTY  16,522 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	USERS  2,933 161 0 4 286 67 196 56 89 19 0 842 0 391 1 8 2	VICES FOR ALL AG  UNITS OF SERVIC  OR DAYS OF CAR  77,395  863  0  4  35,974  1,055  34,529  390  202  318  0  3,894  0  949  61  18  6	E E	778,190.68 111,907.50 .00 1,897.36 95,067.86 12,177.75 77,179.45 5,710.66 3,471.02 21,626.50 .00 335,181.71 .00 10,882.78 164.40 10.73 67.86	PER \$	UNIT/DAY 10.05 129.67 .00 474.34 2.64 11.54 2.24 14.64 17.18 68.01 .00 86.08 .00 11.47 2.70 .60 11.31	UNITS/DAY PER ELIG 4.684 .052 .000 .000 2.177 .064 2.090 .024 .012 .019 .000 .236 .000 .057 .004 .001 .000	S	COST PER USER 265.32 695.08 .00 474.34 332.41 181.76 393.77 101.98 39.00 1138.24 .00 398.08 .00 27.83 164.40 1.34 33.93		COST PER ELIGIBLE 47.10 6.77 .00 .11 5.75 .74 4.67 .35 .21 1.31 .00 20.29 .00 .66 .01 .00 .00
LAKE COUNTY  16,522 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	USERS  2,933 161 0 4 286 67 196 56 89 19 0 842 0 391 1 8 2 2	UNITS OF SERVIC OR DAYS OF CAR 77,395 863 0 4 35,974 1,055 34,529 390 202 318 0 3,894 0 949 61 18 6	E E	778,190.68 111,907.50 .00 1,897.36 95,067.86 12,177.75 77,179.45 5,710.66 3,471.02 21,626.50 .00 335,181.71 .00 10,882.78 164.40 10.73 67.86 67.86	PER \$	UNIT/DAY 10.05 129.67 .00 474.34 2.64 11.54 2.24 14.64 17.18 68.01 .00 86.08 .00 11.47 2.70 .60 11.31 11.31	UNITS/DAY PER ELIG 4.684 .052 .000 .000 2.177 .064 2.090 .024 .012 .019 .000 .236 .000 .057 .004 .001 .000 .000	S	COST PER USER 265.32 695.08 .00 474.34 332.41 181.76 393.77 101.98 39.00 1138.24 .00 398.08 .00 27.83 164.40 1.34 33.93 33.93		COST PER ELIGIBLE 47.10 6.77 .00 .11 5.75 .74 4.67 .35 .21 1.31 .00 20.29 .00 .66 .01 .00 .00 .00 .00
LAKE COUNTY  16,522 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	USERS  2,933 161 0 4 286 67 196 56 89 19 0 842 0 391 1 8 2 2 0	UNITS OF SERVIC OR DAYS OF CAR 77,395 863 0 4 35,974 1,055 34,529 390 202 318 0 3,894 0 949 61 18 6 6	E E	778,190.68 111,907.50 .00 1,897.36 95,067.86 12,177.75 77,179.45 5,710.66 3,471.02 21,626.50 .00 335,181.71 .00 10,882.78 164.40 10.73 67.86 67.86 .00	PER \$	UNIT/DAY 10.05 129.67 .00 474.34 2.64 11.54 2.24 14.64 17.18 68.01 .00 86.08 .00 11.47 2.70 .60 11.31 11.31	UNITS/DAY PER ELIG 4.684 .052 .000 .000 2.177 .064 2.090 .024 .012 .019 .000 .236 .000 .057 .004 .001 .000 .000 .000	S	COST PER USER 265.32 695.08 .00 474.34 332.41 181.76 393.77 101.98 39.00 1138.24 .00 398.08 .00 27.83 164.40 1.34 33.93 33.93 .00		COST PER ELIGIBLE 47.10 6.77 .00 .11 5.75 .74 4.67 .35 .21 1.31 .00 20.29 .00 .66 .01 .00 .00 .00 .00 .00 .00
LAKE COUNTY  16,522 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	USERS  2,933 161 0 4 286 67 196 56 89 19 0 842 0 391 1 8 2 2 0 0	UNITS OF SERVIC OR DAYS OF CAR 77,395 863 0 4 35,974 1,055 34,529 390 202 318 0 3,894 0 949 61 18 6 6	E E	778,190.68 111,907.50 .00 1,897.36 95,067.86 12,177.75 77,179.45 5,710.66 3,471.02 21,626.50 .00 335,181.71 .00 10,882.78 164.40 10.73 67.86 67.86 .00 .00	PER \$	UNIT/DAY 10.05 129.67 .00 474.34 2.64 11.54 2.24 14.64 17.18 68.01 .00 86.08 .00 11.47 2.70 .60 11.31 11.31 .00 .00	UNITS/DAY PER ELIG 4.684 .052 .000 .000 2.177 .064 2.090 .024 .012 .019 .000 .236 .000 .057 .004 .001 .000 .000 .000 .000	S	COST PER USER 265.32 695.08 .00 474.34 332.41 181.76 393.77 101.98 39.00 1138.24 .00 398.08 .00 27.83 164.40 1.34 33.93 33.93 .00 .00		COST PER ELIGIBLE 47.10 6.77 .00 .11 5.75 .74 4.67 .35 .21 1.31 .00 20.29 .00 .66 .01 .00 .00 .00 .00 .00
LAKE COUNTY  16,522 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS  2,933 161 0 4 286 67 196 56 89 19 0 842 0 391 1 8 2 2 2 0 0 198	UNITS OF SERVIC OR DAYS OF CAR 77,395 863 0 4 35,974 1,055 34,529 390 202 318 0 3,894 0 949 61 18 6 6	E E	778,190.68 111,907.50 .00 1,897.36 95,067.86 12,177.75 77,179.45 5,710.66 3,471.02 21,626.50 .00 335,181.71 .00 10,882.78 164.40 10.73 67.86 67.86 67.86 .00 .00 37,169.91	PER \$	UNIT/DAY 10.05 129.67 .00 474.34 2.64 11.54 2.24 14.64 17.18 68.01 .00 86.08 .00 11.47 2.70 .60 11.31 11.31 .00 .00 88.29	UNITS/DAY PER ELIG 4.684 .052 .000 .000 2.177 .064 2.090 .024 .012 .019 .000 .236 .000 .057 .004 .001 .000 .000 .000 .000 .000 .000	S	COST PER USER 265.32 695.08 .00 474.34 332.41 181.76 393.77 101.98 39.00 1138.24 .00 27.83 164.40 1.34 33.93 33.93 .00 .00 187.73		COST PER ELIGIBLE 47.10 6.77 .00 .11 5.75 .74 4.67 .35 .21 1.31 .00 20.29 .00 .66 .01 .00 .00 .00 .00 .00 .00 .00 .00 .00
LAKE COUNTY  16,522 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	USERS  2,933 161 0 4 286 67 196 56 89 19 0 842 0 391 1 8 2 2 0 0 198 38	UNITS OF SERVIC OR DAYS OF CAR 77,395 863 0 4 35,974 1,055 34,529 390 202 318 0 3,894 0 949 61 18 6 6 6 0 0	E E	778,190.68 111,907.50 .00 1,897.36 95,067.86 12,177.75 77,179.45 5,710.66 3,471.02 21,626.50 .00 335,181.71 .00 10,882.78 164.40 10.73 67.86 67.86 67.86 .00 .00 37,169.91 90,800.19	PER \$	UNIT/DAY 10.05 129.67 .00 474.34 2.64 11.54 2.24 14.64 17.18 68.01 .00 86.08 .00 11.47 2.70 .60 11.31 11.31 .00 .00 88.29 89.28	UNITS/DAY PER ELIG 4.684 .052 .000 .000 2.177 .064 2.090 .024 .012 .019 .000 .236 .000 .057 .004 .001 .000 .000 .000 .000 .000 .025 .062	S	COST PER USER 265.32 695.08 .00 474.34 332.41 181.76 393.77 101.98 39.00 1138.24 .00 27.83 164.40 1.34 33.93 33.93 .00 .00 187.73 2389.48		COST PER ELIGIBLE 47.10 6.77 .00 .11 5.75 .74 4.67 .35 .21 1.31 .00 20.29 .00 .66 .01 .00 .00 .00 .00 .00 .00 .00 .00 .00
LAKE COUNTY  16,522 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS  2,933 161 0 4 286 67 196 56 89 19 0 842 0 391 1 8 2 2 2 0 0 198	UNITS OF SERVIC OR DAYS OF CAR 77,395 863 0 4 35,974 1,055 34,529 390 202 318 0 3,894 0 949 61 18 6 6	E E	778,190.68 111,907.50 .00 1,897.36 95,067.86 12,177.75 77,179.45 5,710.66 3,471.02 21,626.50 .00 335,181.71 .00 10,882.78 164.40 10.73 67.86 67.86 67.86 .00 .00 37,169.91	PER \$	UNIT/DAY 10.05 129.67 .00 474.34 2.64 11.54 2.24 14.64 17.18 68.01 .00 86.08 .00 11.47 2.70 .60 11.31 11.31 .00 .00 88.29	UNITS/DAY PER ELIG 4.684 .052 .000 .000 2.177 .064 2.090 .024 .012 .019 .000 .236 .000 .057 .004 .001 .000 .000 .000 .000 .000 .000	S	COST PER USER 265.32 695.08 .00 474.34 332.41 181.76 393.77 101.98 39.00 1138.24 .00 27.83 164.40 1.34 33.93 33.93 .00 .00 187.73		COST PER ELIGIBLE 47.10 6.77 .00 .11 5.75 .74 4.67 .35 .21 1.31 .00 20.29 .00 .66 .01 .00 .00 .00 .00 .00 .00 .00 .00 .00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,328	33,668	69,942.86	2.08	2.038	52.67	4.23
@CALIF. CHILDREN SERVICES*	1	1	\$ 44.60	\$ 44.60	.000	\$ 44.60	\$ .00
@XOVER EXCLUDING STATE HOSP**	5,686	49,976	\$ 1,020,920.56	\$ 20.43	3.025	\$ 179.55	\$ 61.79

0\* Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,341
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR ALL BLIND

LAKE COUNTY	SUMMARY OF SER	VICES FOR ALL BLIN	ID						
						MC			
939 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		S		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	_		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	825		\$	541 <b>,</b> 937.95	\$ 12.65	45.613		656.89	577.14
@PHYSICIANS SERVICES	191		\$	,	\$ 42.00	.535	\$	110.38	\$ 22.45
OUTPATIENT VISITS	69	97		4,143.31	42.71	.103		60.05	4.41
OFFICE VISITS	47	67		2,070.17	30.90	.071		44.05	2.20
HOME VISITS	0	0		.00	.00	.000		.00	.00
EMERGENCY ROOM	24	28		2,013.89	71.92	.030		83.91	2.14
PREVENTIVE CARE	0	0		.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000		.00	.00
OTHER OUTPATIENT	2	2		59.25	29.63	.002		29.63	.06
INPATIENT VISITS	9	54		2,470.70	45.75	.058		274.52	2.63
HOSPITAL VISITS	9	54		2,470.70	45.75	.058		274.52	2.63
CRITICAL CARE	0	0		.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	16	21		777.14	37.01	.022		48.57	.83
EXAMINATIONS	16	21		777.14	37.01	.022		48.57	.83
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	3	12		1,544.92	128.74	.013		514.97	1.65
PRINCIPAL SURGEON	3	5		1,231.18	246.24	.005		410.39	1.31
ASSISTANT SURGEON	0	0		.00	.00	.000		.00	.00
ANESTHESIOLOGIST	1	7		313.74	44.82	.007		313.74	.33
OUTPATIENT SURGERY	14	37		5,020.52	135.69	.039		358.61	5.35
PRINCIPAL SURGEON	14	21		4,671.54	222.45	.022		333.68	4.98
ASSISTANT SURGEON	0	0		.00	.00	.000		.00	.00
ANESTHESIOLOGIST	2	16		348.98	21.81	.017		174.49	.37
DIALYSIS	0	0		.00	.00	.000		.00	.00
PATHOLOGY	11	17		392.46	23.09	.018		35.68	.42
RADIOLOGY	34	57		1,650.96	28.96	.061		48.56	1.76
PSYCHIATRY	0	0		.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	102	207		5,083.11	24.56	.220		49.83	5.41
@PHARMACY	698	29,893	\$	280,320.66	\$ 9.38	31.835	\$	401.61	\$ 298.53
PRESCRIPTION DRUGS	675	3,263		252,298.81	77.32	3.475		373.78	268.69
SNF/ICF	3	14		1,491.07	106.51	.015		497.02	1.59
OUTPATIENTS	672	3,249		250,807.74	77.20	3.460		373.23	267.10
MEDICAL SUPPLIES	205	26,630		28,021.85	1.05	28.360		136.69	29.84
@DENTIST	8		\$	1,260.00	\$ 63.00	.021	\$	157.50	\$ 1.34
VISITS - DIAGNOSTIC	7	18		360.00	20.00	.019		51.43	.38
ORAL SURGERY	0	0		.00	.00	.000		.00	.00
DRUGS	0	0		.00	.00	.000		.00	.00
ANESTHESIA	0	0		.00	.00	.000		.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.002	900.00		.96
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU D	EC 2004	PAGE	5,342
MOP024	FEE-FOR-SERVICE/DENTA	L					03/	14/05
LAKE COUNTY	SUMMARY OF SERVICES F	OR ALL BLIND						
					MC	NTHLY AVERAG	SE	

							M	CNT	HLY AVERA	GΕ	
939 ELIGIBLES	USERS	UNITS OF SERVICE	C C	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	Ē		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	23	62	\$	1,784.10	\$	28.78	.066	\$	77.57	\$	1.90
DIAGNOSTIC AND ANC. PROCED	6	7		252.97		36.14	.007		42.16		.27
EYE APPLIANCES	15	43		1,217.61		28.32	.046		81.17		1.30
OTHER OPTOMETRIC SERVICES	6	12		313.52		26.13	.013		52.25		.33
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	161	1,143	\$	108,331.71	\$	94.78	1.217	\$	672.87	\$	115.37
HOSP INPATIENT TOTAL	14	51		84,364.30		1654.20	.054		6026.02		89.84
HSC HOSPITALS	3	24		31,962.00		1331.75	.026		10654.00		34.04
NON-HSC HOSPITAL TOTAL	6	27		47,182.30		1747.49	.029		7863.72		50.25
ACCOMMODATIONS	6	27		16,341.96		605.26	.029		2723.66		17.40
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	27		16,341.96		605.26	.029		2723.66		17.40
ANCILLARIES	6	0		30,840.34		.00	.000		5140.06		32.84
INPATIENT CROSSOVERS	6	0		5,220.00		.00	.000		870.00		5.56
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	156	1,092		23,967.41		21.95	1.163		153.64		25.52
MEDICAL	19	29		3,174.88		109.48	.031		167.10		3.38
SURGERY	6	6		854.36		142.39	.006		142.39		.91
PATHOLOGY	46	206		2,685.18		13.03	.219		58.37		2.86
RADIOLOGY	28	37		3,272.22		88.44	.039		116.87		3.48
ROOM USE	34	44		2,186.08		49.68	.047		64.30		2.33
CROSSOVERS/ALL OTH OUTPTNT	101	770		11,794.69		15.32	.820		116.78		12.56
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0		.00	.00		.00		.00
	0	0				.000			
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			ES M	IONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	I	PAGE 5,343
MOP024	FEE-FOR-SERVICE								03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR ALL BLIN	ND						
						MON		GE	
939 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	161	1,143	\$	108,331.71	\$ 94.78	1.217 \$		\$	115.37
COMM HOSP INPATIENT TOTAL	14	51		84,364.30	1654.20	.054	6026.02		89.84
HSC HOSPITALS	3	24		31,962.00	1331.75	.026	10654.00		34.04
NON-HSC HOSPITALS TOTAL	6	27		47,182.30	1747.49	.029	7863.72		50.25
ACCOMMODATIONS	6	27		16,341.96	605.26	.029	2723.66		17.40
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	6	27		16,341.96	605.26	.029	2723.66		17.40
ANCILLARIES	6	0		30,840.34	.00	.000	5140.06		32.84
INPATIENT CROSSOVERS	6	0		5,220.00	.00	.000	870.00		5.56
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	156	1,092		23,967.41	21.95	1.163	153.64		25.52
MEDICAL	19	29		3,174.88	109.48	.031	167.10		3.38
SURGERY	6	6		854.36	142.39	.006	142.39		.91
PATHOLOGY	46	206		2,685.18	13.03	.219	58.37		2.86
RADIOLOGY	28	37		3,272.22	88.44	.039	116.87		3.48
ROOM USE	34	44		2,186.08	49.68	.047	64.30		2.33
CROSSOVERS/ALL OTH OUTPINT	101	770		11,794.69	15.32	.820	116.78		12.56
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	Ö	Ö		.00	.00	.000	.00		.00
@NURSING FACILITY	6	91	\$	9,841.67	\$ 108.15	.097 \$		\$	10.48
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
101 D 0110101110	0	0		.00		.000	.00		.00

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LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

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@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

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INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	9	\$	86.77	\$	9.64	.010	\$	43.39	\$	.09
PATHOLOGY	2	9		86.77		9.64	.010		43.39		.09
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	257	396	\$	32,389.71	\$	81.79	.422	\$	126.03	\$	34.49
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	3		804.69		268.23	.003		402.35		.86
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	255	393		31,585.02		80.37	.419		123.86		33.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	RES :	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P.	AGE 5,344
MOP024	FEE-FOR-SERVICE	C/DENTAL									03/14/05
LAKE COUNTY	SUMMARY OF SERV	VICES FOR ALL BL	ND								
							M	ONT:	HLY AVERA	GΕ	
939 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	-	COST PER		COST PER
		OR DAYS OF CARE	1		PER	UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	216	10,693	\$	77 <b>,</b> 341.89	\$	7.23	11.388	\$	358.06	\$	82.37
DURABLE MED. EQUIP.	13	44		14,644.22		332.82	.047		1126.48		15.60
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	35	8,569		22,020.56		2.57	9.126		629.16		23.45
AMBULANCES/AIR TRANS	20	316		4,221.31		13.36	.337		211.07		4.50
OTHER TRANS	15	8 <b>,</b> 250		15,952.43		1.93	8.786		1063.50		16.99
OTHER SERVICES	2	3		1,846.82		615.61	.003		923.41		1.97
ACUPUNCTURE	21	54		919.12		17.02	.058		43.77		.98
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	57	287		21,535.57		75.04	.306		377.82		22.93
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	16	53		659.06		12.44	.056		41.19		.70
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	4	15		1,924.90		128.33	.016		481.23		2.05

PROSTHETICS	4	15	1,924.90	128.33	.016	481.23	2.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	18	545.83	30.32	.019	68.23	.58
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	33	1,467	11,716.57	7.99	1.562	355.05	12.48
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	64	186	3,376.06	18.15	.198	52.75	3.60
@CALIF. CHILDREN SERVICES*	23	74	\$ 24,740.86	\$ 334.34	.079	\$ 1075.69	\$ 26.35
@XOVER EXCLUDING STATE HOSP**	216	4,749	\$ 36,798.08	\$ 7.75	5.058	\$ 170.36	\$ 39.19

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

PAGE 5,345 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

LAKE COUNTY	SUMMARY OF SER	VICES FOR ALL DISABLED	)				
					MON'		-
48,098 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	42,085	993 <b>,</b> 533 \$		\$ 36.45	20.656 \$		
@PHYSICIANS SERVICES	11,155	39 <b>,</b> 129 \$	1,503,058.91		.814 \$		
OUTPATIENT VISITS	4,775	6 <b>,</b> 961	325 <b>,</b> 324.86	46.74	.145	68.13	6.76
OFFICE VISITS	2,450	3,281	109,391.58	33.34	.068	44.65	2.27
HOME VISITS	4	6	385.90	64.32	.000	96.48	.01
EMERGENCY ROOM	2,456	3,217	206,650.48	64.24	.067	84.14	4.30
PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.00
OB VISITS/COMPRE PERI	29	282	3,356.20	11.90	.006	115.73	.07
OTHER OUTPATIENT	150	174	5,506.01	31.64	.004	36.71	.11
INPATIENT VISITS	617	2,654	132,113.92	49.78	.055	214.12	2.75
HOSPITAL VISITS	503	2,273	100,962.84	44.42	.047	200.72	2.10
CRITICAL CARE	71	211	25,794.38	122.25	.004	363.30	.54
SNF/ICF/TRANS IP CARE	118	170	5,356.70	31.51	.004	45.40	.11
OPHTHALMOLOGICAL SERVICES	225	249	9,695.13	38.94	.005	43.09	.20
EXAMINATIONS	225	248	9,659.84	38.95	.005	42.93	.20
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	379	2,824	186,255.49	65.95	.059	491.44	3.87
PRINCIPAL SURGEON	250	382	139,084.17	364.09	.008	556.34	2.89
ASSISTANT SURGEON	34	34	7,405.18	217.80	.001	217.80	.15
ANESTHESIOLOGIST	159	2,408	39,766.14	16.51	.050	250.10	.83
OUTPATIENT SURGERY	994	2,902	220,751.47	76.07	.060	222.08	4.59
PRINCIPAL SURGEON	844	1,176	187,770.55	159.67	.024	222.48	3.90
ASSISTANT SURGEON	5	5	555.78	111.16	.000	111.16	.01
ANESTHESIOLOGIST	202	1,721	32,425.14	18.84	.036	160.52	.67
DIALYSIS	47	274	23,140.12	84.45	.006	492.34	.48
PATHOLOGY	792	1,794	35,028.37	19.53	.037	44.23	.73
RADIOLOGY	3 <b>,</b> 385	6,514	209,984.85	32.24	.135	62.03	4.37
PSYCHIATRY	3	14	239.10	17.08	.000	79.70	.00
IMMUNIZATION AND INJECTION	159	2,368	85 <b>,</b> 962.29	36.30	.049	540.64	1.79
OTHER SERVICES/ALL X-OVERS	4,561	12 <b>,</b> 575	274,563.31	21.83	.261	60.20	5.71
@PHARMACY	34,031	609 <b>,</b> 453 \$	15,933,319.04	\$ 26.14	12.671 \$	468.20	\$ 331.27
PRESCRIPTION DRUGS	33,612	168,890	15,396,206.20	91.16	3.511	458.06	320.10
SNF/ICF	452	3,685	337,674.07	91.63	.077	747.07	7.02
OUTPATIENTS	33,191	165,205	15,058,532.13	91.15	3.435	453.69	313.08

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	3,594	440,563	537,112.84	1.22	9.160	149.45	11.17
@DENTIST	1,014	4,183 \$	208,571.02	\$ 49.86	.087	\$ 205.69	\$ 4.34
VISITS - DIAGNOSTIC	651	2,143	31,085.33	14.51	.045	47.75	.65
ORAL SURGERY	207	948	47,628.85	50.24	.020	230.09	.99
DRUGS	7	7	75.00	10.71	.000	10.71	.00
ANESTHESIA	16	16	1,500.00	93.75	.000	93.75	.03
PERIODONTICS	14	19	1,499.12	78.90	.000	107.08	.03
ENDODONTICS	79	131	31,414.00	239.80	.003	397.65	.65
RESTORATIVE DENTISTRY	236	610	41,536.65	68.09	.013	176.00	.86
PROSTHETICS	4	4	90.00	22.50	.000	22.50	.00
DENTURES, STAYPLATES	114	285	52,938.00	185.75	.006	464.37	1.10
SPACE MAINTAINERS	1	1	111.00	111.00	.000	111.00	.00
MAXILLOFACIAL SERVICES	5	6	448.07	74.68	.000	89.61	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	4	245.00	61.25	.000	122.50	.01
ALL OTHER SERVICES	11	9	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT FOR JAN	2004 THRU D	EC 2004	PAGE 5,346
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR ALL DISABL	ED				
					MO	NTHLY AVERA	GE
48,098 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	1,529	4,328 \$	89,813.46	\$ 20.75	.090	\$ 58.74	\$ 1.87
DIAGNOSTIC AND ANC. PROCED	606	617	26,890.06	43.58	.013	44.37	.56
EVE ADDITAMCES	1 330	3 5/11	58 916 40	16 64	074	44 30	1 22

48,098 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE	2		PE	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	1,529	4,328	\$	89,813.46	\$	20.75	.090	\$	58.74	\$ 1.87
DIAGNOSTIC AND ANC. PROCED	606	617		26,890.06		43.58	.013		44.37	.56
EYE APPLIANCES	1,330	3 <b>,</b> 541		58 <b>,</b> 916.40		16.64	.074		44.30	1.22
OTHER OPTOMETRIC SERVICES	109	170		4,007.00			.004		36.76	.08
@CHIROPRACTOR	159	253	\$	4,113.68	\$	16.26	.005	\$	25.87	\$ .09
VISITS	139	224		3,736.92		16.68	.005		26.88	.08
OTHER SERVICES	20	29		376.76		12.99	.001		18.84	.01
@PODIATRIST	97	292	\$	3,859.08	\$		.006	\$		\$ .08
MEDICINE/INJECTIONS	13	14		412.70		29.48	.000		31.75	.01
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	84	278		3,446.38		12.40	.006		41.03	.07
@HOME HEALTH AGENCY	437	8 <b>,</b> 820	\$	364,125.10			.183			
NURSE ANESTHESIST	51	411	\$	5 <b>,</b> 875.25			.009			.12
NURSE MIDWIFE	3	12	\$	478.24	\$	39.85	.000		159.41	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00		.00	.000			.00
@TOTAL HOSPITAL	11,386	69 <b>,</b> 154	\$	., . ,	\$		1.438	\$		\$
HOSP INPATIENT TOTAL	951	3,283		9,170,789.78		2793.42	.068		9643.31	190.67
HSC HOSPITALS	81	565		849,766.93		1504.01	.012		10490.95	17.67
NON-HSC HOSPITAL TOTAL	553	2,718		7,945,615.00			.057		14368.20	165.20
ACCOMMODATIONS	546	2 <b>,</b> 718				870.39	.057		4332.84	49.19
ADMINISTRATIVE DAYS	4	25		5,419.25		216.77	.001		1354.81	.11
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	542	2,693		2,360,312.95		876.46	.056		4354.82	49.07
ANCILLARIES	552	0		5,579,882.80		.00	.000		10108.48	116.01
INPATIENT CROSSOVERS	331	0		375,407.85		.00	.000		1134.16	7.81
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	10,965	65 <b>,</b> 871		1,533,431.98		23.28	1.370		139.85	31.88
MEDICAL	2,153	3 <b>,</b> 839		171,393.89		44.65	.080		79.61	3.56
SURGERY	456	525		32,814.13		62.50	.011		71.96	.68
PATHOLOGY	4,569	20,938		· · · · · · · · · · · · · · · · · · ·			.435		58.65	5.57
RADIOLOGY	2,896	4,481		379,450.12			.093		131.03	7.89
ROOM USE	3,281	4,774		212,932.23		44.60	.099		64.90	4.43

,											
CROSSOVERS/ALL OTH OUTPTNT	•	31,314	•	,882.66		14.97	. 65		81.21		9.75
@COUNTY HOSPITAL TOTAL	82	440	\$ 57 <b>,</b>	,715.54	\$	131.17	.00	19 \$	703.85	\$	1.20
CO HOSPITAL INPATIENT TOTAL	9	28	43,	,383.07		1549.40	.00	1	4820.34		.90
HSC HOSPITALS	6	26	29.	,185.00		1122.50	.00	1	4864.17		.61
NON-HSC HOSPITALS TOTAL	1	2	•	,450.32		1225.16	.00		2450.32		.05
	1	2	•								.03
ACCOMMODATIONS	1	2	⊥,	,231.20		615.60	.00		1231.20		
ADMINISTRATIVE DAYS	0	0		.00		.00	.00		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.00	0	.00		.00
ALL OTHER ACCOM	1	2	1,	,231.20		615.60	.00	0	1231.20		.03
ANCILLARIES	1	0	1,	,219.12		.00	.00	0	1219.12		.03
INPATIENT CROSSOVERS	2	0	11,	,747.75		.00	.00	0	5873.88		.24
ALL OTHER INPATIENT	0	0		.00		.00	.00	0	.00		.00
CO HOSP OUTPATIENT TOTAL	78	412	14,	,332.47		34.79	.00	19	183.75		.30
MEDICAL	46	66	1,	,877.78		28.45	.00	1	40.82		.04
SURGERY	13	21	2,	,619.35		124.73	.00	0	201.49		.05
PATHOLOGY	19	89	1,	,576.20		17.71	.00	2	82.96		.03
RADIOLOGY	15	36	2,	,644.92		73.47	.00	1	176.33		.05
ROOM USE	56	88	3,	,594.16		40.84	.00	2	64.18		.07
CROSSOVERS/ALL OTH OUTPINT	33	112	2,	,020.06		18.04	.00	2	61.21		.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-OF-PA	AYMENT RI	EPORT	FOR JAN 2	2004 THE	U DEC	2004	PAGE	5,347
MOP024	FEE-FOR-SERVICE/DENTAL									03	/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	ALL DISA	ABLED								
								MONT	THLY AVERA	F	
								1.10141	. 1.1.1. 17.4.1.17.17.17.17.17.17.17.17.17.17.17.17.1		

						ONTINEE TIVETO	-	
48,098 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARI		PER UNIT/DAY				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11 <b>,</b> 329	68 <b>,</b> 714	\$ 10,646,506.22	\$ 154.94	1.429	•	\$	221.35
COMM HOSP INPATIENT TOTAL	943	3 <b>,</b> 255	9,127,406.71	2804.12	.068	9679.12		189.77
HSC HOSPITALS	75	539	820 <b>,</b> 581.93	1522.42	.011	10941.09		17.06
NON-HSC HOSPITALS TOTAL	552	2 <b>,</b> 716	7,943,164.68	2924.58	.056	14389.79		165.15
ACCOMMODATIONS	545	2,716	2,364,501.00	870.58	.056	4338.53		49.16
ADMINISTRATIVE DAYS	4	25	5,419.25	216.77	.001	1354.81		.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	541	2 <b>,</b> 691	2,359,081.75	876.66	.056	4360.59		49.05
ANCILLARIES	551	0	5,578,663.68	.00	.000	10124.62		115.99
INPATIENT CROSSOVERS	329	0	363,660.10	.00	.000	1105.35		7.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	10,909	65 <b>,</b> 459	1,519,099.51	23.21	1.361	139.25		31.58
MEDICAL	2,111	3 <b>,</b> 773	169,516.11	44.93	.078	80.30		3.52
SURGERY	443	504	30,194.78	59.91	.010	68.16		.63
PATHOLOGY	4,553	20 <b>,</b> 849	266,382.75	12.78	.433	58.51		5.54
RADIOLOGY	2,883	4,445	376,805.20	84.77	.092	130.70		7.83
ROOM USE	3 <b>,</b> 235	4,686	209,338.07	44.67	.097	64.71		4.35
CROSSOVERS/ALL OTH OUTPINT	5 <b>,</b> 744	31,202	466,862.60	14.96	.649	81.28		9.71
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	371	9 <b>,</b> 552	\$ 1,320,015.45	\$ 138.19	.199	\$ 3557.99	\$	27.44
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	1	13	1,885.78	145.06	.000	1885.78		.04
LEV B-SUBACUTE FREESTANDING	0	0	1,682.96	.00	.000	.00		.03
LEV B-SUBACUTE HSPTL BASED	3	231	134,808.41	583.59	.005	44936.14		2.80
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	368	9,308	1,181,638.30	126.95	.194	3210.97		24.57
@INTERMEDIATE CARE FACILDD	56	1,627	\$ 248,287.36	\$ 152.60	.034	\$ 4433.70	\$	5.16
ICF DDH	56	1,627	248,287.36	152.60	.034	4433.70		5.16
ICF DD	0	0	.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	243	7,739	\$	333,327.31	\$	43.07	.161	\$	1371.72	\$	6.93
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	243	7,739		333,327.31		43.07	.161		1371.72		6.93
@REHABILITATION FACILITY	12	126	\$	2,281.64	\$	18.11	.003	\$	190.14	\$	.05
HOSPITAL BASED	6	55		1,428.43		25.97	.001		238.07		.03
INDEPENDENT FACILITY	6	71		853.21		12.02	.001		142.20		.02
@LABORATORY FACILITY	814	3,277	\$	45,999.09	\$	14.04	.068	\$	56.51	\$	.96
PATHOLOGY	796	3,211		45,410.52		14.14	.067		57.05		.94
XO AND OTHERS	18	66		588.57		8.92	.001		32.70		.01
@ORGANIZED OUTPATIENT CLINIC	18 <b>,</b> 470	37,302	\$	3,840,535.19	\$	102.96	.776	\$	207.93	\$	79.85
CLINIC	55	149		5,311.84		35.65	.003		96.58		.11
SURGICENTER	55	164		11,364.75		69.30	.003		206.63		.24
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	18,400	36,989		3,823,858.60		103.38	.769		207.82		79.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 5,348
MOP024	FEE-FOR-SERVICE/D	ENTAL									03/14/05
LAKE COUNTY	SUMMARY OF SERVICE	ES FOR ALL DI	SABL	ED							

DAKE COUNTI	DOMMANT OF DER	VICES FOR ALL DISABLE					
						NTHLY AVERA	
48,098 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6 <b>,</b> 670	197 <b>,</b> 875 \$	1,605,418.70	\$ 8.11	4.114	\$ 240.69	\$ 33.38
DURABLE MED. EQUIP.	816	2 <b>,</b> 695	483,221.16	179.30	.056	592.18	10.05
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	12	7,576.51	631.38	.000	757.65	.16
MEDICAL TRANSPORTATION	1,422	137,757	501,588.98	3.64	2.864	352.73	10.43
AMBULANCES/AIR TRANS	1,063	16,025	192,979.04		.333	181.54	4.01
OTHER TRANS	315	120,687	245,585.40	2.03	2.509	779.64	5.11
OTHER SERVICES	115	1,045	63,024.54	60.31	.022	548.04	1.31
ACUPUNCTURE	430	1,080	18,358.09	17.00	.022	42.69	.38
ADULT DAY HEALTH CARE CTR	1	5	347.90	69.58	.000	347.90	.01
GENETIC DISEASE TESTING	7	7	735.00	105.00	.000	105.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	445	2,371	247,051.08	104.20	.049	555.17	5.14
OCCUPATIONAL THERAPIST	8	58	782.75	13.50	.001	97.84	.02
OPTICIAN	1,350	3,452	37,024.92	10.73	.072	27.43	.77
PHYSICAL THERAPIST	165	1,416	20,959.69	14.80	.029	127.03	.44
PORTABLE X-RAY	3	5	77.97	15.59	.000	25.99	.00
PROSTHETIST/ORTHOTISTS	100	377	43,768.27	116.10	.008	437.68	.91
PROSTHETICS	100	377	43,768.27	116.10	.008	437.68	.91
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	23.62	7.87	.000	23.62	.00
SPEECH AND AUDIOLOGY	161	440	32,543.22	73.96	.009	202.13	.68
HOSPICE SERVICES	30	487	58,087.89	119.28	.010	1936.26	1.21
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	500	7,518	76,436.35	10.17	.156	152.87	1.59
EPSDT SUPPLEMENTAL SERVICE	1	4	250.00	62.50	.000	250.00	.01
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,799	40,188	76,585.30	1.91	.836	42.57	1.59
@CALIF. CHILDREN SERVICES*	334	12,918 \$			.269	\$ 1231.55	\$ 8.55
@XOVER EXCLUDING STATE HOSP**	7,023	90,366 \$	1,264,260.11	\$ 13.99	1.879	\$ 180.02	\$ 26.29
A+ MOMATO IN MURCE TIMES ADE	CITIENT AC A CEDA	DAME THEODMANTON THEM	ONIT V.				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

DARE COUNTY	DOMMANT OF DEN	VICES FOR ALL PARTILLES					
					MON		-
100,542 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	53 <b>,</b> 197	260 <b>,</b> 696 \$	20,235,701.78	\$ 77.62	2.593 \$	380.39	\$ 201.27
@PHYSICIANS SERVICES	12,688	36 <b>,</b> 894 \$	1,493,244.96	\$ 40.47	.367 \$	117.69	\$ 14.85
OUTPATIENT VISITS	7,774	13,807	469,943.56	34.04	.137	60.45	4.67
OFFICE VISITS	2,316	2,810	96,752.55	34.43	.028	41.78	.96
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4,965	5 <b>,</b> 537	305,202.12	55.12	.055	61.47	3.04
PREVENTIVE CARE	12	13	470.23	36.17	.000	39.19	.00
OB VISITS/COMPRE PERI	615	5 <b>,</b> 322	63,514.18	11.93	.053	103.28	.63
OTHER OUTPATIENT	114	125	4,004.48	32.04	.001	35.13	.04
INPATIENT VISITS	471	2,146	163,293.04	76.09	.021	346.69	1.62
HOSPITAL VISITS	445	1,536	72 <b>,</b> 899.05	47.46	.015	163.82	.73
CRITICAL CARE	75	609	90,366.49	148.39	.006	1204.89	.90
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.000	27.50	.00
OPHTHALMOLOGICAL SERVICES	190	229	9,205.97	40.20	.002	48.45	.09
EXAMINATIONS	190	229	9,205.97	40.20	.002	48.45	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	559	3 <b>,</b> 968	259,756.95	65.46	.039	464.68	2.58
PRINCIPAL SURGEON	373	453	199,095.08	439.50	.005	533.77	1.98
ASSISTANT SURGEON	31	31	7,428.40	239.63	.000	239.63	.07
ANESTHESIOLOGIST	226	3,484	53,233.47	15.28	.035	235.55	.53
OUTPATIENT SURGERY	1,369	3 <b>,</b> 980	213,023.22	53.52	.040	155.60	2.12
PRINCIPAL SURGEON	1,145	1,394	165,567.52	118.77	.014	144.60	1.65
ASSISTANT SURGEON	2	2	159.72	79.86	.000	79.86	.00
ANESTHESIOLOGIST	296	2,584	47,295.98	18.30	.026	159.78	.47
DIALYSIS	2	5	283.00	56.60	.000	141.50	.00
PATHOLOGY	1,186	1,861	45,234.95	24.31	.019	38.14	.45
RADIOLOGY	4,118	6 <b>,</b> 276	174,606.22	27.82	.062	42.40	1.74
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	139	1 <b>,</b> 587		77 <b>,</b> 418.07		48.78	.016		556.96		.77
OTHER SERVICES/ALL X-OVERS	1,287	3 <b>,</b> 035		80 <b>,</b> 479.98		26.52	.030		62.53		.80
@PHARMACY	24,388	74,838	\$	3,105,927.36	\$	41.50	.744	\$	127.35	\$	30.89
PRESCRIPTION DRUGS	24,218	58 <b>,</b> 026		3,060,344.90		52.74	.577		126.37		30.44
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	24,218	58 <b>,</b> 026		3,060,344.90		52.74	.577		126.37		30.44
MEDICAL SUPPLIES	522	16,812		45,582.46		2.71	.167		87.32		.45
@DENTIST	2,152	10,171	\$	392 <b>,</b> 861.25	\$	38.63	.101	\$	182.56	\$	3.91
VISITS - DIAGNOSTIC	1,483	5 <b>,</b> 722		91,965.08		16.07	.057		62.01		.91
ORAL SURGERY	346	1,227		71,729.00		58.46	.012		207.31		.71
DRUGS	60	71		1,575.00		22.18	.001		26.25		.02
ANESTHESIA	68	71		6,200.00		87.32	.001		91.18		.06
PERIODONTICS	9	9		611.12		67.90	.000		67.90		.01
ENDODONTICS	228	441		67 <b>,</b> 279.75		152.56	.004		295.09		.67
RESTORATIVE DENTISTRY	761	2,321		128,011.55		55.15	.023		168.21		1.27
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	31	121		15 <b>,</b> 011.75		124.06	.001		484.25		.15
SPACE MAINTAINERS	23	31		3,313.00		106.87	.000		144.04		.03
MAXILLOFACIAL SERVICES	4	4		287.50		71.88	.000		71.88		.00
FRACTURES, DISLOCATIONS	0	1		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	52	70		6 <b>,</b> 697.50		95.68	.001		128.80		.07
ALL OTHER SERVICES	66	81		150.00		1.85	.001		2.27		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES MO	ONTH-OF-PAYMENT RE	EPOR:	r for jan 2	004 THRU	DEC	2004	PA	GE 5,350
MOP024	FEE-FOR-SERVICE/DEN										03/14/05
LAKE COUNTY	SUMMARY OF SERVICES	FOR ALL FA	MILIES	3							

----- MONTHLY AVERAGE -----100,542 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 63.24 \$ @OPTOMETRIST 1,516 4,208 95,870.36 \$ 22.78 .042 \$ 1,101 48,776.92 44.30 DIAGNOSTIC AND ANC. PROCED 1,087 .011 44.87 .49 3,072 46,181.25 15.03 40.58 EYE APPLIANCES 1,138 .031 .46 33 35 26.06 27.64 OTHER OPTOMETRIC SERVICES 912.19 .000 .01 261 376 6,249.10 \$ 16.62 23.94 \$ @CHIROPRACTOR .004 \$ .06 374 VISITS 260 6,215.66 16.62 .004 23.91 33.44 OTHER SERVICES 33.44 16.72 .000 179.01 \$ 44.75 @PODIATRIST .000 \$ 44.75 \$ .00 62.41 MEDICINE/INJECTIONS 1 62.41 62.41 .000 .00 SURGERY/ANES. 0 .00 .00 .000 .00 .00 0 3 RADIO./PATHOLOGY .00 .00 .000 .00 .00 3 116.60 OTHER 38.87 .000 38.87 923 45,305.82 \$ 49.09 .009 \$ 248.93 \$ @HOME HEALTH AGENCY 10,805.67 \$ 17.69 140.33 \$ NURSE ANESTHESIST 611 .006 \$ .11 11 NURSE MIDWIFE 114 3,091.69 27.12 .001 \$ 281.06 \$ .03 0 5 .00 .000 \$ .00 \$ PEDIATRIC NURSE PRACTITIONER .00 \$ FAMILY NURSE PRACTITIONER 5 228.67 \$ 45.73 .000 \$ 45.73 \$ .00 52,275 162.89 @TOTAL HOSPITAL 12,983 8,515,051.82 .520 \$ 655.86 \$ 84.69 HOSP INPATIENT TOTAL 3,404 7,182,459.43 2110.01 .034 9906.84 120 1,009 1681.26 .010 14136.61 HSC HOSPITALS 1,696,393.06 16.87 NON-HSC HOSPITAL TOTAL 605 2,395 5,479,970.37 2288.09 .024 9057.80 54.50 605 2,395 743.88 2944.80 17.72 ACCOMMODATIONS 1,781,601.59 .024 0 .00 ADMINISTRATIVE DAYS 0 .00 .000 .00 .00 Ο TRANSITIONAL IP CARE Ω .00 .000 .00 .00 2,395 605 1,781,601.59 743.88 .024 2944.80 17.72 ALL OTHER ACCOM 605 .00 6113.01 36.78 ANCILLARIES 0 3,698,368.78 .000 .00 0 6,096.00 870.86 INPATIENT CROSSOVERS .000 .06 ALL OTHER INPATIENT .00 .000

HOSP OUTPATIENT TOTAL	12,577	48,871	1,332,592.39	27.27	.486	105.95	13.25
MEDICAL	2,251	3,590	154,491.61	43.03	.036	68.63	1.54
SURGERY	665	813	42,358.41	52.10	.008	63.70	.42
PATHOLOGY	5,696	21,484	282,264.61	13.14	.214	49.55	2.81
RADIOLOGY	3,945	5,279	372,972.53	70.65	.053	94.54	3.71
ROOM USE	6,613	8,191	342,078.58	41.76	.081	51.73	3.40
CROSSOVERS/ALL OTH OUTPTNT	4,078	9,514	138,426.65	14.55	.095	33.94	1.38
@COUNTY HOSPITAL TOTAL	31	181 \$	11,047.82		.002 \$	356.38	
CO HOSPITAL INPATIENT TOTAL	2	5	5,840.01	1168.00	.002	2920.01	.06
HSC HOSPITALS	2	5	5,840.01	1168.00	.000	2920.01	.06
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	29	176	5,207.81	29.59	.002	179.58	.05
MEDICAL	4	5	112.94	22.59	.000	28.24	.00
SURGERY	9	16	926.41	57.90	.000	102.93	.01
PATHOLOGY	11	50	1,084.13	21.68	.000	98.56	.01
RADIOLOGY	2	2	54.08	27.04		27.04	.00
ROOM USE	26	43	2,226.40	51.78	.000	85.63	.02
CROSSOVERS/ALL OTH OUTPTNT	16	60	803.85	13.40	.001	50.24	.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO					PAGE 5,351
MOP024	FEE-FOR-SERVICE			BIOINI ION OINV 2	OUT THEO DEC	2001	03/14/05
LAKE COUNTY		VICES FOR ALL FAMILIES					00/11/00
HIND COONTI	DOINGING OF DELICE				MONT	THLY AVERA	GE
100,542 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
100,012 22101222	00210	OR DAYS OF CARE	2111 2113 1 1 0 1 1 2 0	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	12,959	52,094 \$	8,504,004.00	\$ 163.24	.518 \$		
COMM HOSP INPATIENT TOTAL	723	3,399			.034	9926.17	71.38
HSC HOSPITALS	118	1,004	1,690,553.05	2111.39 1683.82 2288.09		14326.72	16.81
NON-HSC HOSPITALS TOTAL	605	2,395	5,479,970.37	2288.09		9057.80	54.50
ACCOMMODATIONS	605	2,395	1,781,601.59	743.88	.024	2944.80	17.72
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00

100,542 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAY:	COST PER	C	COST PER
		OR DAYS OF CARE	2		PER UNIT/DAY	PER ELIG	USER	E	CLIGIBLE
@COMMUNITY HOSPITAL TOTAL	12 <b>,</b> 959	52 <b>,</b> 094	\$	8,504,004.00	\$ 163.24	.518	\$ 656.22	\$	84.58
COMM HOSP INPATIENT TOTAL	723	3 <b>,</b> 399		7,176,619.42	2111.39	.034	9926.17		71.38
HSC HOSPITALS	118	1,004		-,,	1683.82	.010	14326.72		16.81
NON-HSC HOSPITALS TOTAL	605	2 <b>,</b> 395			2288.09	.024	9057.80		54.50
ACCOMMODATIONS	605	2 <b>,</b> 395		1,781,601.59	743.88	.024	2944.80		17.72
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	605	2 <b>,</b> 395		1,781,601.59	743.88	.024	2944.80		17.72
ANCILLARIES	605	0		3,698,368.78	.00	.000	6113.01		36.78
INPATIENT CROSSOVERS	7	0		6,096.00	.00	.000	870.86		.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	12,553	48,695		1,327,384.58	27.26	.484	105.74		13.20
MEDICAL	2,247	3 <b>,</b> 585		154,378.67	43.06	.036	68.70		1.54
SURGERY	656	797		41,432.00	51.98	.008	63.16		.41
PATHOLOGY	5 <b>,</b> 686	21,434		281,180.48	13.12	.213	49.45		2.80
RADIOLOGY	3 <b>,</b> 943	5 <b>,</b> 277		372 <b>,</b> 918.45	70.67	.052	94.58		3.71
ROOM USE	6 <b>,</b> 590	8,148		339,852.18	41.71	.081	51.57		3.38
CROSSOVERS/ALL OTH OUTPTNT	4,063	9,454		137,622.80	14.56	.094	33.87		1.37
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	2	25	\$	-,	\$ 154.94	.000	\$ 1936.71	\$	.04
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	25		3,873.42		154.94	.000		1936.71		.04
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	5	111	\$	5 <b>,</b> 850.94	\$	52.71	.001	\$	1170.19	\$	.06
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	5	111		5 <b>,</b> 850.94		52.71	.001		1170.19		.06
@REHABILITATION FACILITY	3	13	\$	567.44	\$	43.65	.000	\$	189.15	\$	.01
HOSPITAL BASED	3	13		567.44		43.65	.000		189.15		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	926	2,737	\$	42,073.15	\$	15.37	.027	\$	45.44	\$	.42
PATHOLOGY	924	2,727		42,044.46		15.42	.027		45.50		.42
XO AND OTHERS	2	10		28.69		2.87	.000		14.35		.00
@ORGANIZED OUTPATIENT CLINIC	28 <b>,</b> 096	45 <b>,</b> 872	\$	6,022,587.10	\$	131.29	.456	\$	214.36	\$	59.90
CLINIC	273	1,101		42,518.52		38.62	.011		155.75		.42
SURGICENTER	66	391		13,876.01		35.49	.004		210.24		.14
HEROIN DETOX CLINIC	2	39		454.09		11.64	.000		227.05		.00
RURAL HEALTH CLINIC	27 <b>,</b> 827	44,341		5,965,738.48		134.54	.441		214.39		59.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDI	TURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 200	4 THRU	DEC	2004	PI	AGE 5,352
MOP024	FEE-FOR-SERVICE/DENTA										03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FO	OR ALL 1	FAMILI	ES							

LAKE COUNTY	SUMMARI OF SER	VICES FOR ALL FAMILIES					
					MON	ITHLY AVERA	GE
100,542 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4,775	31 <b>,</b> 519 \$	491,934.02	\$ 15.61	.313	103.02	\$ 4.89
DURABLE MED. EQUIP.	232	423	29,945.18	70.79	.004	129.07	.30
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	799	16,783	284,692.34	16.96	.167	356.31	2.83
AMBULANCES/AIR TRANS	793	10,959	169,514.46	15.47	.109	213.76	1.69
OTHER TRANS	6	5 <b>,</b> 763	9,268.00	1.61	.057	1544.67	.09
OTHER SERVICES	61	61	105,909.88	1736.23	.001	1736.23	1.05
ACUPUNCTURE	99	254	4,342.27	17.10	.003	43.86	.04
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	86	86	9,030.00	105.00	.001	105.00	.09
IHMC, MODEL-NF, NF, AIDS, MSSP	13	56	8,511.20	151.99	.001	654.71	.08
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,056	2,422	21,708.06	8.96	.024	20.56	.22
PHYSICAL THERAPIST	144	1,184	17,934.77	15.15	.012	124.55	.18
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	71	133	15,757.94	118.48	.001	221.94	.16
PROSTHETICS	70	132	15,718.39	119.08	.001	224.55	.16
ORTHOTICS	1	1	39.55	39.55	.000	39.55	.00
PSYCHOLOGIST	4	24	1,329.60	55.40	.000	332.40	.01
SPEECH AND AUDIOLOGY	55	239	8,682.69	36.33	.002	157.87	.09
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,132	6 <b>,</b> 646	85,472.32	12.86	.066	40.09	.85
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	174	3 <b>,</b> 269	4,527.65	1.39	.033	26.02	.05
@CALIF. CHILDREN SERVICES*	318	8,862 \$	1,693,911.26	\$ 191.14	.088	5326.76	\$ 16.85

@XOVER EXCLUDING STATE HOSP\*\* 171 2,468 \$ 20,040.26 \$ 8.12 .025 \$ 117.19 \$ .20

03/14/05

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,353 MOP024 FEE-FOR-SERVICE/DENTAL

LAKE COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

LAKE COUNTY	SUMMARY OF SER	VICES FOR ALL MEDICALL	Y INDIGENT				~=
4 566 71 707777				3	MON		
4,566 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
_		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3 <b>,</b> 056	15,744 \$	1,458,440.14	\$ 92.63	3.448 \$		
@PHYSICIANS SERVICES	828	2 <b>,</b> 981 \$	124,949.67	\$ 41.92	.653 \$		
OUTPATIENT VISITS	508	1,466	37 <b>,</b> 270.97	25.42	.321	73.37	8.16
OFFICE VISITS	145	193	6,275.48	32.52	.042	43.28	1.37
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	262	304	17,249.89	56.74	.067	65.84	3.78
PREVENTIVE CARE	1	1	65.78	65.78	.000	65.78	.01
OB VISITS/COMPRE PERI	113	956	13,348.96	13.96	.209	118.13	2.92
OTHER OUTPATIENT	12	12	330.86	27.57	.003	27.57	.07
INPATIENT VISITS	61	265	19,497.06	73.57	.058	319.62	4.27
HOSPITAL VISITS	53	183	9,763.17	53.35	.040	184.21	2.14
CRITICAL CARE	12	82	9,733.89	118.71	.018	811.16	2.13
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	9	339.27	37.70	.002	42.41	.07
EXAMINATIONS	8	9	339.27	37.70	.002	42.41	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	68	321	32,220.13	100.37	.070	473.83	7.06
PRINCIPAL SURGEON	50	61	25,271.25	414.28	.013	505.43	5.53
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	24	260	6,948.88	26.73	.057	289.54	1.52
OUTPATIENT SURGERY	95	225	10,466.78	46.52	.049	110.18	2.29
PRINCIPAL SURGEON	80	100	8,078.98	80.79	.022	100.99	1.77
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	18	125	2,387.80	19.10	.027	132.66	.52
DIALYSIS	1	2	302.42	151.21	.000	302.42	.07
PATHOLOGY	84	118	3,042.28	25.78	.026	36.22	.67
RADIOLOGY	225	307	7,954.45	25.78	.067	35.35	1.74
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
	13	43	7,737.31	179.94	.009	595.18	1.69
IMMUNIZATION AND INJECTION	92	225	6,119.00	27.20		66.51	1.34
OTHER SERVICES/ALL X-OVERS @PHARMACY					.049		
•	1,130	,	154,019.67	\$ 51.49	.655 \$		•
PRESCRIPTION DRUGS	1,115	2,405	149,822.26	62.30	.527	134.37	32.81
SNF/ICF	18	213	15,527.12	72.90	.047	862.62	3.40
OUTPATIENTS	1,098	2,192	134,295.14	61.27	.480	122.31	29.41
MEDICAL SUPPLIES	43	586	4,197.41	7.16	.128	97.61	.92
@DENTIST	74	391 \$	16,297.35	\$ 41.68	.086 \$		•
VISITS - DIAGNOSTIC	48	233	4,116.85	17.67	.051	85.77	.90
ORAL SURGERY	17	59	5,255.00	89.07	.013	309.12	1.15
DRUGS	0	1	25.00	25.00	.000	.00	.01
ANESTHESIA	4	6	500.00	83.33	.001	125.00	.11
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	7	11	2,310.90	210.08	.002	330.13	.51
RESTORATIVE DENTISTRY	19	69	3,169.60	45.94	.015	166.82	.69
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	850.00	425.00	.000	850.00	.19
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	70.00	35.00	.000	35.00	.02
ALL OTHER SERVICES	3	8	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU	DEC 2004	PAGE 5,354
MOP024	FEE-FOR-SERVICE/DENTA	AL .					03/14/05
LAKE COUNTY	SUMMARY OF SERVICES H	OR ALL MEDICA	ALLY INDIGENT				

						Mo	ONT	THLY AVERA	GΕ	
4,566 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	66	158	\$ 4,066.40	\$	25.74	.035	\$	61.61	\$	.89
DIAGNOSTIC AND ANC. PROCED	53	53	2,418.73		45.64	.012		45.64		.53
EYE APPLIANCES	38	104	1,636.26		15.73	.023		43.06		.36
OTHER OPTOMETRIC SERVICES	1	1	11.41		11.41	.000		11.41		.00
@CHIROPRACTOR	5	7	\$ 117.04	\$	16.72	.002	\$		\$	.03
VISITS	5	7	117.04		16.72	.002		23.41		.03
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	5	5	\$ 49.82	\$	9.96	.001	\$		\$	.01
MEDICINE/INJECTIONS	1	1	37.42		37.42	.000		37.42		.01
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	4	4	12.40		3.10	.001		3.10		.00
@HOME HEALTH AGENCY	22	38	\$ 2,240.39	\$	58.96		\$	101.84	\$	.49
NURSE ANESTHESIST	3	16	\$ 309.86	\$	19.37	.004	\$	103.29	\$	.07
NURSE MIDWIFE	10	112	\$ 2,174.77	\$	19.42	.025	\$	217.48	\$	.48
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	827	4,317	\$ 752,644.93	\$	174.34	.945	\$	910.09	\$	164.84
HOSP INPATIENT TOTAL	77	354	626,001.05		1768.36	.078		8129.88		137.10
HSC HOSPITALS	17	142	225,294.04		1586.58	.031		13252.59		49.34
NON-HSC HOSPITAL TOTAL	61	212	400,707.01		1890.13	.046		6568.97		87.76
ACCOMMODATIONS	61	212	162,359.05		765.84	.046		2661.62		35.56

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	61	212		162,359.05	765.84	.046	2661.62		35.56
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	61	0		238,347.96	.00	.000	3907.34		52.20
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	796	3,963		126,643.88	31.96	.868	159.10		27.74
MEDICAL	151	231		10,367.64	44.88	.051	68.66		2.27
SURGERY	62	94		3,234.13	34.41	.021	52.16		.71
PATHOLOGY	420	2,006		26,232.67	13.08	.439	62.46		5.75
RADIOLOGY	232	291		17,206.81	59.13	.064	74.17		3.77
ROOM USE	393	557		22,357.63	40.14	.122	56.89		4.90
CROSSOVERS/ALL OTH OUTPINT		784		47,245.00	60.26	.172	162.91		10.35
@COUNTY HOSPITAL TOTAL	2	25	\$	727.10	\$ 29.08	.005 \$		Ċ	.16
CO HOSPITAL INPATIENT TOTAL		0	٧	.00	.00	.000	.00	ې	.00
	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0							.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		
ACCOMMODATIONS	U	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0			.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	2	25		727.10	29.08	.005	363.55		.16
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	1	2		61.20	30.60	.000	61.20		.01
PATHOLOGY	1	7		132.60	18.94	.002	132.60		.03
RADIOLOGY	1	1		35.73	35.73	.000	35.73		.01
ROOM USE	2	6		408.24	68.04	.001	204.12		.09
CROSSOVERS/ALL OTH OUTPTNT	2	9		89.33	9.93	.002	44.67		.02
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	RES M		EPORT FOR JAN 2	2004 THRU DE	C 2004	P.A	AGE 5,355
MOP024	FEE-FOR-SERVICE								03/14/05
LAKE COUNTY		VICES FOR ALL MEI	OTCAL	LY INDIGENT					, ,
						MON	THLY AVERA	GE -	
4,566 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST			-	COST PER
-,		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	825		\$	751,917.83	\$ 175.19	.940 \$			164.68
COMM HOSP INPATIENT TOTAL	77	354	т	626,001.05		.078	8129.88	Τ	137.10
HSC HOSPITALS	17	142		225,294.04	1768.36 1586.58 1890.13	.031	13252.59		49.34
NON-HSC HOSPITALS TOTAL	61	212		400,707.01	1890.13	.046	6568.97		87.76
ACCOMMODATIONS	61	212		162,359.05	765.84	.046	2661.62		35.56
	0	0		•	.00				.00
ADMINISTRATIVE DAYS	0	0		.00		.000	.00		
TRANSITIONAL IP CARE				.00	.00	.000	.00		.00
ALL OTHER ACCOM	61	212		162,359.05	765.84	.046	2661.62		35.56
ANCILLARIES	61	0		238,347.96	.00	.000	3907.34		52.20
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	794	3,938		125,916.78	31.97	.862	158.59		27.58
MEDICAI	1 5 1	221		10 267 64	11 00	051	60 66		2 27

61

419

231

391

288

0

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY ROOM USE

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPINT

231

290

551

775

0

1,999

92

10,367.64

26,100.07

17,171.08

21,949.39

47,155.67

.00

3,172.93

44.88

34.49

13.06

59.21

39.84

60.85

.00

68.66

52.02

62.29

74.33

56.14

.00 \$

163.73

.051

.020

.438

.064

.121

.170

.000 \$

2.27

5.72

3.76

4.81

.00

10.33

.69

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	10	276	\$	23,992.00	\$	86.93	.060	\$	2399.20	\$	5.25
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	10	276		23,992.00		86.93	.060		2399.20		5.25
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	\$	.00		\$	.00	Ś	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	т	.00	Ψ	.00	.000	т	.00	Τ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	3	\$	49.24	\$	16.41	.001	Ś	49.24	Ś	.01
HOSPITAL BASED	0	0	٧	.00	Y	.00	.000	Y	.00	Y	.00
INDEPENDENT FACILITY	1	3		49.24		16.41	.001		49.24		.01
@LABORATORY FACILITY	52	134	\$	2,177.73	\$	16.25	.029	Ċ		\$	.48
PATHOLOGY	52	134	Ÿ	2,177.73	Ÿ	16.25	.029	Ÿ	41.88	Y	.48
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1 <b>,</b> 549	2,736	Ś	339,559.57	ċ	124.11	.599	ċ	219.21	ċ	74.37
CLINIC CLINIC	36	166	Ą	6,688.70	Ą	40.29	.036	Ş	185.80	Ą	1.46
SURGICENTER	0	100		.00		.00	.000		.00		.00
	0	0		.00		.00					
HEROIN DETOX CLINIC	1 <b>,</b> 516	2 <b>,</b> 570				129.52	.000		.00		.00 72.90
		,	DEC 1	332,870.87			.563	DEC	219.57	D.7	
			RES I	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PF	AGE 5,356
	FEE-FOR-SERVICE	•	D T C 3 T								03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR ALL ME	DICAL	TLI INDIGENT			M	ОМП	HIV AVERA	CF -	
4,566 ELIGIBLES	USERS	UNITS OF SERVIC	<b>.</b>	EXPENDITURES	7/1/2		UNITS/DAY		COST PER		COST PER
4,500 EDIGIBLES	OSERS	OR DAYS OF CAR		EAFENDITORES			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	190	1,579	\$	35,791.70	\$	22.67	.346		188.38		7.84
DURABLE MED. EQUIP.	21	29	Ÿ	3,648.14	Ÿ	125.80	.006	Ÿ	173.72	Y	.80
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION		1,311		24,588.25		18.76	.287		403.09		5.39
AMBULANCES/AIR TRANS	61 61	1,305		14,313.25		10.70	.286		234.64		3.13
OTHER TRANS	U 9.T	1,303		.00		.00	.000		.00		.00
OTHER TRANS	6	6		10,275.00		1712.50	.001		1712.50		2.25
	0	0		•		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00			.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	27		.00		.00					
GENETIC DISEASE TESTING	27 0	27		2,835.00		105.00	.006		105.00		.62
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST				.00		.00	.000		.00		.00
OPTICIAN	43	95		879.41		9.26	.021		20.45		.19
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	2	5		979.70		195.94	.001		489.85		.21
PROSTHETICS	2	5		979.70		195.94	.001		489.85		.21
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		0.0		0.0	000		0.0		0.0

0

209.38

.00

1,106.68

.00

52.35

.00

1106.68

.00

.000

.001

.000

.000

104.69

.00

1106.68

.00

.00

.05

.00

.24

HOSPICE SERVICES

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

2

PSYCHOLOGIST

LOCAL EDUCATION AGENCIES	27	98	1,473.05	15.03	.021	54.56	.32
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	9	72.09	8.01	.002	7.21	.02
@CALIF. CHILDREN SERVICES*	53	1,061	\$ 127,799.66	\$ 120.45	.232	\$ 2411.31	\$ 27.99
@XOVER EXCLUDING STATE HOSP**	4	5	\$ 14.88	\$ 2.98	.001	\$ 3.72	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,357 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY	SUMMARY OF SERVI	ICES FOR RENAL DIALYSIS		AID CODES	71		, ,
					MONT	THLY AVERAGE	<b>Ξ</b>
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00	
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONTH	-OF-PAYMENT REPOR	T FOR JAN 200	04 THRU I	DEC 2004	PAGE 5,358
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ					03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FO	OR RENAL DIALYSIS		AID CODES 73	L		
					MC	ONTHLY AVERAG	E

AVERAGE COST UNITS/DAYS COST PER 00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES COST PER PER UNIT/DAY USER OR DAYS OF CARE PER ELIG ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$ .00 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 @CHIROPRACTOR 0 .00 \$ .00 .000 \$ \$ .00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 @PODIATRIST .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 0 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .00 .000 .00 OTHER 0 .00 .00 .00 .000 .00 0 \$ .00 @HOME HEALTH AGENCY .00 .00 .000 \$ \$ .00 0 NURSE ANESTHESIST .00 \$ .00 .000 .00 \$ .00 0 .00 NURSE MIDWIFE .00 \$ .00 .000 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 \$ .00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 HOSP INPATIENT TOTAL HSC HOSPITALS 0 .00 .00 .000 .00 .00 0 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM 0 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 0 .00 .00 PATHOLOGY .00 .000 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 0 ROOM USE .00 .00 .000 .00 .00 0 CROSSOVERS/ALL OTH OUTPTNT .00 .00 .000 .00 .00 @COUNTY HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 CO HOSPITAL INPATIENT TOTAL 0 .00 .00 HSC HOSPITALS .00 .000 .00 0 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MONT	H-OF-PAYMENT RE	PORT FOR JAN 2	004 THRU DE	C 2004	PAGE 5,359
MOP024	FEE-FOR-SERVICE/DEN	TAL					03/14/05
LAKE COUNTY	SUMMARY OF SERVICES	FOR RENAL DIALYSIS		AID CODES	71		
					MON		GE
00 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	_	_					
	0	0	.00	.00	.000	.00	.00
MEDICAL	0 0	0 0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-	OF-PAYMENT RE	PORT	FOR JAN 2	004 THRU	DEC	2004	PAGE	5 <b>,</b> 360
MOP024	FEE-FOR-SERVICE/DENTAL									03	/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	RENAL	DIALYSIS		Z	AID CODES					
							M	ONT	HLY AVERA	GE	

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,361 FEE-FOR-SERVICE/DENTAL

03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

					MONT	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0		0		.00		00	.000		.00		.00
@DENTIST	0		0	S	.00		00	.000	Ċ	.00	\$	.00
VISITS - DIAGNOSTIC	0		0	Ÿ	.00	,	00	.000	Ÿ	.00	Y	.00
ORAL SURGERY	0		0		.00		00	.000		.00		.00
	0											
DRUGS	0		0		.00		00	.000		.00		.00
ANESTHESIA	•		0		.00		00	.000		.00		.00
PERIODONTICS	0		0		.00		00	.000		.00		.00
ENDODONTICS	U		0		.00		00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		00	.000		.00		.00
PROSTHETICS	0		0		.00		00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		0.0	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		0.0	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		0.0	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		0.0	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		0.0	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXE	PENDITU	JRES M	MONTH-OF-PAYMENT RE	EPORT FOR	JAN 2004	THRU	DEC	2004	P	AGE 5,362
MOP024	FEE-FOR-SERVICE	DENTAL										03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR	TOTAL	PAREN	TERAL NUTRITION	AID C	ODES 73					
								N	ONTE	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVIO	CE.	EXPENDITURES	AVERAGE (				COST PER		COST PER
00 221012220	00210	OR DAYS			2111 2113 11 01120	PER UNIT		R ELIC		USER		ELIGIBLE
@OPTOMETRIST	0	OIC BILLS	0	Ś	.00		00	.000		.00	Ś	.00
DIAGNOSTIC AND ANC. PROCED	0		0	۲	.00		00	.000	Y	.00	Υ	.00
EYE APPLIANCES	0		0		.00		00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00		00	.000	ċ	.00	\$	.00
VISITS	0		0	Ą	.00		00	.000	Ą	.00	ې	.00
	0		0									
OTHER SERVICES	0			<u> </u>	.00		00	.000	<u> </u>	.00	<u> </u>	.00
@PODIATRIST	•		0	\$	.00		00	.000	Ş	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		00	.000		.00		.00
SURGERY/ANES.	0		0		.00		00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		00	.000		.00		.00
OTHER	0		0		.00		00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	•	0.0	.000		.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00		0.0	.000		.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$ .	0.0	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$ .	0.0	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$.	0.0	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0		0	\$	.00	\$.	0.0	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0		0		.00		0.0	.000		.00		.00
HSC HOSPITALS	0		0		.00		0.0	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		00	.000		.00		.00
	0		0		.00					.00		.00
ANCILLARIES	0		0				00	.000				
INPATIENT CROSSOVERS	0		0		.00		00	.000		.00		.00

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ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0					
NON-HSC HOSPITALS TOTAL	U	-	.00	.00	.000	.00	.00
ACCOMMODATIONS	U	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M					PAGE 5,363
MOP024	FEE-FOR-SERVICE						03/14/05
LAKE COUNTY		ICES FOR TOTAL PAREN	TERAL NUTRITION	AID CODES	73		03/11/03
EIRE COOKII	SOLITIME OF SERV	1010 IOIC 10171E ITHEIC	TEIGHE NOTHITION	THE CODEO	MONT	HIV AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 HHIOIDHHO	OBLIG	OR DAYS OF CARE	EMILINDITORED	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 S	.00	\$ .00	.000 \$	.00	-
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	•	-	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
	U						
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
	0	0 \$ 0	.00	\$ .00 .00	.000 \$ .000	.00	\$ .00 .00
@STATE HOSPITAL MENTALLY ILL	•	0	.00	.00	.000	.00	.00
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL  MENTALLY ILL  DEVELOP. DISABLED  @NURSING FACILITY	0	0 0 0 0 \$	.00 .00 .00	.00 .00 \$ .00	.000 .000 .000 \$	.00	.00
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

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LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDH

ICF DD

ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXE	PENDITUR	ES MOI	NTH-OF-PAYMENT RE	EPORI	FOR JAN 2	2004 THRU	DEC	2004	PAGE	5 <b>,</b> 364
MOP024	FEE-FOR-SERVICE/D	ENTAL									03	3/14/05
MOP024 LAKE COUNTY	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE		TOTAL P	ARENTI	ERAL NUTRITION		AID CODES	73			03	3/14/05
			TOTAL P	ARENTI	ERAL NUTRITION		AID CODES		ONT	HLY AVERA		3/14/05
	SUMMARY OF SERVICE				ERAL NUTRITION EXPENDITURES		AID CODES	M		HLY AVERA	GE	3/14/05  PER
LAKE COUNTY	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE			AVE	ERAGE COST R UNIT/DAY	M UNITS/DAY PER ELIG	S	COST PER USER	GE COSI	PER
LAKE COUNTY	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE		EXPENDITURES .00	AVE	RAGE COST	M UNITS/DAY PER ELIG .000	S	COST PER USER .00	GE COSI	PER
LAKE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERVICE USERS U	ES FOR	SERVICE		EXPENDITURES .00 .00	AVE	ERAGE COST R UNIT/DAY .00 .00	UNITS/DAY PER ELIG .000 .000	S	COST PER USER .00	GE COST ELIG	PER GIBLE .00
LAKE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERVICE USERS U	ES FOR	SERVICE		EXPENDITURES .00 .00 .00	AVE	CRAGE COST R UNIT/DAY .00 .00	UNITS/DAY PER ELIG .000 .000	S	COST PER USER .00 .00	GE COST ELIG	PER GIBLE .00 .00 .00
LAKE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERVICE USERS U	ES FOR	SERVICE		EXPENDITURES	AVE	CRAGE COST R UNIT/DAY .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000	S	COST PER USER .00 .00 .00	GE COST ELIG	F PER SIBLE .00 .00 .00 .00
LAKE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERVICE USERS U	ES FOR	SERVICE		EXPENDITURES	AVE	CRAGE COST R UNIT/DAY .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000	S	COST PER USER .00 .00 .00 .00	GE COST ELIG	PER GIBLE .00 .00 .00 .00 .00
LAKE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERVICE USERS U	ES FOR	SERVICE		EXPENDITURES	AVE	CRAGE COST R UNIT/DAY .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000	S	USER	GE COST ELIG	F PER SIBLE .00 .00 .00 .00
LAKE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERVICE USERS U	ES FOR	SERVICE		EXPENDITURES	AVE	CRAGE COST R UNIT/DAY .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	S	USER	GE COST ELIG	PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00
LAKE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICE USERS U	ES FOR	SERVICE		EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	CRAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S	USER	GE COST ELIG	PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERVICE USERS U	ES FOR	SERVICE		EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE	CRAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S	USER	GE COST ELIG	PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
LAKE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICE USERS U	ES FOR	SERVICE		EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	CRAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S	USER	GE COST ELIG	PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

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<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

SUMMARY OF SERVICES FOR IRCA ALIENS

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PSYCHIATRY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,365 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 LAKE COUNTY

AID CODES 51 52 56 57

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----- MONTHLY AVERAGE -----00 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE 0 @TOTAL, ALL PROVIDERS .00 \$ .00 .000 \$ .00 \$ .00 @PHYSICIANS SERVICES 0 0 .00 \$ .00 .000 \$ .00 \$ .00 .00 OUTPATIENT VISITS .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 HOME VISITS .00 .00 .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 .00 .00 INPATIENT VISITS .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .000 .00 CRITICAL CARE .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .000 .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 ASSISTANT SURGEON .000 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .00 .000 DIALYSIS .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 .00

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU I	DEC 2004	PAGE 5,366
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05

SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

LAKE COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 .00 \$ @OPTOMETRIST \$ .00 .000 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 EYE APPLIANCES 0 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 \$ @CHIROPRACTOR .00 .000 \$ .00 \$ .00 VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OTHER SERVICES @PODIATRIST 0 .00 \$ .00 .000 \$ .00 \$ .00 .00 MEDICINE/INJECTIONS 0 .00 .000 .00 .00 .00 .00 .000 .00 .00 SURGERY/ANES. 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 \$ .00 \$ .00 .000 \$ .00 @HOME HEALTH AGENCY 0 NURSE ANESTHESIST .00 \$ .00 .000 \$ .00 \$ .00 .00 NURSE MIDWIFE .00 \$ .00 .000 \$ .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 FAMILY NURSE PRACTITIONER .00 .00 .000 \$ .00 .00 @TOTAL HOSPITAL .00 .00 .000 .00 \$ .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$	S	.00	\$ .00	.000	\$ .00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAY	MENT REPO	ORT FOR JAN 2004	THRU D	EC 2004	PAGE	,
MOP024	FEE-FOR-SERVICE/DENTAL							03,	/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIE	INS	AID COI	DES 51 52 56 57				
						MO	ATTITUTE ATTITUTE	177	

					MONT	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00 \$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00 \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00 \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00 \$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
XO AND OTHERS	0	0		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00 \$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00	.00	.000		.00		.00
SURGICENTER	0	0		.00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-OF	-PAYMENT REPO	ORT FOR JAN 2004	THRU	DEC 200	) 4	PAGE	5 <b>,</b> 368
MOP024	FEE-FOR-SERVICE/DENTAL								03	/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	IRCA AL	IENS	AID COD	ES 51 52 56 57					

LARE COUNTI	SUMMARI OF SER	VICES FOR IRCA ALLE	'IN'O	AID (	ODE2 21 22 26	57		
						MONT	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	;	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	;	.00	\$ .00	.000 \$	.00	\$ .00

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,369

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

| STATE | STAT

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	15	25		419.27		16.77	.047		27.95		.78
RADIOLOGY	42	65		1,926.17		29.63	.121		45.86		3.60
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	10	13		719.10		55.32	.024		71.91		1.34
@PHARMACY	98	225	\$	20,253.59	\$	90.02	.421	\$	206.67	\$	37.86
PRESCRIPTION DRUGS	97	223		20,170.50		90.45	.417		207.94		37.70
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	97	223		20,170.50		90.45	.417		207.94		37.70
MEDICAL SUPPLIES	1	2		83.09		41.55	.004		83.09		.16
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDIT	URES M	ONTH-OF-PAYMENT RI	EPOR'	T FOR JAN 20	004 THRU	DEC	2004	PAG	•
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	MI/MN	ALIEN	WITHOUT SIS AID	CODE	55 58 5F					

EINE COONTI	DOIMMING OF BEIN	VICED FOR HILL	111 111111	WIIIIOOI DID MID	CODE	33 30 31	Mo	ОМП	HLY AVERA	GE	
535 ELIGIBLES	USERS	UNITS OF SERV	/ICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY		COST PER		COST PER
*** ======		OR DAYS OF C				R UNIT/DAY	PER ELIG	-	USER		ELIGIBLE
@OPTOMETRIST	0	C	) \$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	C	)	.00		.00	.000		.00		.00
EYE APPLIANCES	0	C	)	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	C	)	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	C	) \$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	C	)	.00		.00	.000		.00		.00
OTHER SERVICES	0	C	)	.00		.00	.000		.00		.00
@PODIATRIST	0	C	) \$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	C	)	.00		.00	.000		.00		.00
SURGERY/ANES.	0	C	)	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	C	)	.00		.00	.000		.00		.00
OTHER	0	C	)	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	5	6	\$	359.70	\$	59.95		\$	71.94	\$	.67
NURSE ANESTHESIST	0	C	) \$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	C	) \$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0	C	) \$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	C	) \$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	130	775		189,025.00	\$	243.90	1.449	\$	1454.04	\$	353.32
HOSP INPATIENT TOTAL	26	111		174,564.84		1572.66	.207		6714.03		326.29
HSC HOSPITALS	6	35		54,903.02		1568.66	.065		9150.50		102.62
NON-HSC HOSPITAL TOTAL	20	76		119,661.82		1574.50	.142		5983.09		223.67
ACCOMMODATIONS	20	76	5	50,482.33		664.24	.142		2524.12		94.36

ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	20	76		50,482.33		664.24	.142	2524.12		94.36
ANCILLARIES	20	0		69,179.49		.00	.000	3458.97		129.31
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	118	664		14,460.16		21.78	1.241	122.54		27.03
MEDICAL	5	6		164.05		27.34	.011	32.81		.31
SURGERY	15	26		613.71		23.60	.049	40.91		1.15
PATHOLOGY	86	412		6,002.87		14.57	.770	69.80		11.22
RADIOLOGY	42	44		3,015.86		68.54	.082	71.81		5.64
ROOM USE	40	66		2,305.81		34.94	.123	57.65		4.31
CROSSOVERS/ALL OTH OUTPTNT	27	110		2,357.86		21.44	.206	87.33		4.41
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	RES M		REPOR				P	AGE 5,371
MOP024	FEE-FOR-SERVICE/	-								03/14/05
LAKE COUNTY	,		ALIEN	WITHOUT SIS AID	CODE	55 58 5F				
							MC	ONTHLY AVERA	GE ·	
535 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAYS		-	COST PER
		OR DAYS OF CARE				R UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	130	775	\$	189,025.00		243.90	1.449			353.32
0	-00	. , 0	т.		т.				- T	

					MC	NTHLY AVERA	.GE	
535 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CO	ST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	EL	IGIBLE
@COMMUNITY HOSPITAL TOTAL	130	775	\$ 189,025.00	\$ 243.90	1.449	\$ 1454.04	\$	353.32
COMM HOSP INPATIENT TOTAL	26	111	174,564.84	1572.66	.207	6714.03		326.29
HSC HOSPITALS	6	35	54,903.02	1568.66	.065	9150.50		102.62
NON-HSC HOSPITALS TOTAL	20	76	119,661.82	1574.50	.142	5983.09		223.67
ACCOMMODATIONS	20	76	50,482.33	664.24	.142	2524.12		94.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	20	76	50,482.33	664.24	.142	2524.12		94.36
ANCILLARIES	20	0	69 <b>,</b> 179.49	.00	.000	3458.97		129.31
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	118	664	14,460.16	21.78	1.241	122.54		27.03
MEDICAL	5	6	164.05	27.34	.011	32.81		.31
SURGERY	15	26	613.71	23.60	.049	40.91		1.15
PATHOLOGY	86	412	6 <b>,</b> 002.87	14.57	.770	69.80		11.22
RADIOLOGY	42	44	3,015.86	68.54	.082	71.81		5.64
ROOM USE	40	66	2,305.81	34.94	.123	57.65		4.31
CROSSOVERS/ALL OTH OUTPINT	27	110	2,357.86	21.44	.206	87.33		4.41
@STATE HOSPITAL	0	0 \$	\$ .00	\$ .00	.000	\$ .00	\$	.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	10	51	\$	1,328.65	\$	26.05	.095	\$	132.87	\$	2.48
PATHOLOGY	10	51		1,328.65		26.05	.095		132.87		2.48
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	133	290	\$	40,148.71	\$	138.44	.542	\$	301.87	\$	75.04
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	133	290		40,148.71		138.44	.542		301.87		75.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES N	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PF	AGE 5,372
MOP024	FEE-FOR-SERVICE	C/DENTAL									03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR MI/MN	ALIEN	N WITHOUT SIS AID	CODE	55 58 5F					
							M	ONT	HLY AVERA	GE -	
535 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (	COST PER		COST PER
		OR DAYS OF CAR	RE		PEF	R UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	15	396	\$	8,779.37	\$	22.17	.740	\$	585.29	\$	16.41
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	8	389		8,044.37		20.68	.727		1005.55		15.04
AMBULANCES/AIR TRANS	8	387		4,444.37		11.48	.723		555.55		8.31
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	2	2		3,600.00		1800.00	.004		1800.00		6.73
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	7	7		735.00		105.00	.013		105.00		1.37
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
ODELCIAN	^	0		0.0		0.0	0.00		0.0		0.0

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OPTICIAN

PHYSICAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

PORTABLE X-RAY

PROSTHETICS

HOSPICE SERVICES

ORTHOTICS

PSYCHOLOGIST

0

0

0

0

0

0

0

0

0

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	4	45	\$ 47,180.29	\$ 1048.45	.084	\$ 11795.07	\$ 88.19
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,373
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MONTHLY AVERAGE  14 ELIGIBLES  USERS  UNITS OF SERVICE  OR DAYS OF CARE  OR DAYS OF CARE  PER UNIT/DAY PER ELIG  USER  ELIGIBLES  OR DAYS OF CARE  PER UNIT/DAY PER ELIG  USER  ELIGIBLES  OR DAYS OF CARE  PER UNIT/DAY PER ELIG  USER  ELIGIBLES  OR DAYS OF CARE  PER UNIT/DAY PER ELIG  USER  ELIGIBLES  OR DAYS OF CARE  PER UNIT/DAY PER ELIG  USER  ELIGIBLES  OR DAYS OF CARE  PER UNIT/DAY PER ELIG  USER  ELIGIBLES  OR DAYS OF CARE  PER UNIT/DAY PER ELIG  USER  ELIGIBLES  OR DAYS OF CARE  OR DAYS OF CARE  PER UNIT/DAY PER ELIG  USER  ELIGIBLES  OR DAYS OF CARE  PER UNIT/DAYS OF CARE  PER UNIT/DAYS OF CARE	BLE .81 .67 .16 .00
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIE	BLE .81 .67 .16 .00
@TOTAL, ALL PROVIDERS 18 76 \$ 3,077.36 \$ 40.49 5.429 \$ 170.96 \$ 219	.81 .67 .16 .00
	.67 .16 .00
@PHYSICIANS SERVICES 5 6 \$ 233.40 \$ 38.90 .429 \$ 46.68 \$ 16	.16 .00
	.00
OUTPATIENT VISITS 2 2 142.26 71.13 .143 71.13 10	.00
OFFICE VISITS 0 0 .00 .00 .00 .00	
HOME VISITS 0 0 .00 .00 .00 .00	1 0
EMERGENCY ROOM 2 2 142.26 71.13 .143 71.13 10	.⊥6
PREVENTIVE CARE 0 0 .00 .00 .00 .00	.00
OB VISITS/COMPRE PERI 0 0 .00 .00 .00 .00	.00
OTHER OUTPATIENT 0 0 .00 .00 .00 .00	.00
INPATIENT VISITS 0 0 .00 .00 .00 .00	.00
HOSPITAL VISITS 0 0 .00 .00 .00 .00	.00
CRITICAL CARE 0 0 .00 .00 .00 .00 .00	.00
SNF/ICF/TRANS IP CARE 0 0 .00 .00 .00 .00 .00	.00
OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00	.00
EXAMINATIONS 0 0 .00 .00 .00 .00	.00
SERVICES AND MATERIALS 0 0 .00 .00 .00 .00	.00
INPATIENT HOSPITAL SURGERY 0 0 .00 .00 .00 .00	.00
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00	.00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00	.00
OUTPATIENT SURGERY 0 0 .00 .00 .00 .00	.00
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00	.00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00	.00
DIALYSIS 0 0 .00 .00 .00 .00	.00
PATHOLOGY 0 0 .00 .00 .00 .00	.00
RADIOLOGY 4 4 91.14 22.79 .286 22.79 6	.51
PSYCHIATRY 0 0 .00 .00 .00 .00	.00
IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00	.00
	.00
@PHARMACY 5 9 \$ 250.47 \$ 27.83 .643 \$ 50.09 \$ 17	.89
PRESCRIPTION DRUGS 5 9 250.47 27.83 .643 50.09 17	.89
	.00
OUTPATIENTS 5 9 250.47 27.83 .643 50.09 17	.89
MEDICAL SUPPLIES 0 0 .00 .00 .00 .00	.00
@DENTIST 2 2 \$ 90.00 \$ 45.00 .143 \$ 45.00 \$ 6	.43
VISITS - DIAGNOSTIC 1 1 20.00 20.00 .071 20.00 1	.43
ORAL SURGERY 0 0 .00 .00 .00 .00	.00
DRUGS 0 0 .00 .00 .00 .00	.00
ANESTHESIA 0 0 .00 .00 .00 .00	.00

PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1		1		70.00		70.00	.071		70.00		5.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EX	PENDITU	RES 1	MONTH-OF-PAYMENT R	REPORT	FOR JAN	2004 THRU	DEC	2004	Р	AGE 5,374
MOP024	FEE-FOR-SERVICE/D	ENTAL										03/14/05
LAKE COUNTY	SUMMARY OF SERVICE	CES FOR	REFUGE	ΞS	AID	CODES	01 02 08	0A				
								Mo	TNO	HLY AVERA	.GE	
14 ELIGIBLES	USERS U	NITS OF	SERVICE	Ξ.	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CAR	3		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	5	20 \$	424.43	\$ 21.	22 1.429	\$ 84.89	\$ 30.32
HOSP INPATIENT TOTAL	0	0	.00		.000	.00	.00
HSC HOSPITALS	0	0	.00		00 .000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00		00 .000	.00	.00
ACCOMMODATIONS	0	0	.00		00 .000	.00	.00
ADMINISTRATIVE DAYS	0	0			00 .000	.00	.00
	0	0	.00				
TRANSITIONAL IP CARE	U	•	.00		.000	.00	.00
ALL OTHER ACCOM	U	0	.00		.000	.00	.00
ANCILLARIES	0	0	.00		.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	5	20	424.43	21.	22 1.429	84.89	30.32
MEDICAL	1	1	20.91	20.	91 .071	20.91	1.49
SURGERY	0	0	.00		.000	.00	.00
PATHOLOGY	3	10	125.57	12.		41.86	8.97
RADIOLOGY	2	3	156.12	52.		78.06	11.15
ROOM USE	2	2	85.12	42.		42.56	6.08
CROSSOVERS/ALL OTH OUTPINT	2	4	36.71		18 .286	18.36	2.62
@COUNTY HOSPITAL TOTAL	2	0 \$			00 .000		
•	0	7				•	•
CO HOSPITAL INPATIENT TOTAL	U	0	.00		.000	.00	.00
HSC HOSPITALS	0	0	.00		.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.000	.00	.00
ACCOMMODATIONS	0	0	.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.000	.00	.00
ANCILLARIES	0	0	.00		.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		00 .000	.00	.00
ALL OTHER INPATIENT	0	0	.00		00 .000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	Ô	.00		00 .000	.00	.00
MEDICAL	0	0	.00		00 .000	.00	.00
	0	0	.00		00 .000	.00	.00
SURGERY	0	0	.00			.00	.00
PATHOLOGY	U	U			.000		
RADIOLOGY	0	0	.00		.000	.00	.00
ROOM USE	0	0	.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00		.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR	JAN 2004 THRU	DEC 2004	
MOP024	FEE-FOR-SERVIC	E/DENTAL					03/14/05
LAKE COUNTY	SUMMARY OF SER	VICES FOR REFUGEES	AID	CODES 01 0	2 08 0A		
					M	ONTHLY AVERA	GE
14 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE	COST UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT	/DAY PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	20 \$	424.43	\$ 21.	22 1.429	\$ 84.89	\$ 30.32
COMM HOSP INPATIENT TOTAL	0	0	.00		00 .000	.00	.00
HSC HOSPITALS	0	0	.00		00 .000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		00 .000	.00	.00
ACCOMMODATIONS	0	0	.00		00 .000	.00	.00
	0						
ADMINISTRATIVE DAYS	0	0	.00		000.000	.00	.00
TRANSITIONAL IP CARE	•	0	.00		.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.000	.00	.00
ANCILLARIES	0	0	.00		.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	20	424.43	21.	22 1.429	84.89	30.32
MEDICAL	1	1	20.91	20.	91 .071	20.91	1.49

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	10		125.57		12.56	.714		41.86		8.97
RADIOLOGY	2	3		156.12		52.04	.214		78.06		11.15
ROOM USE	2	2		85.12		42.56	.143		42.56		6.08
CROSSOVERS/ALL OTH OUTPINT	2	4		36.71		9.18	.286		18.36		2.62
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	22.40	\$	22.40	.071	\$	22.40	\$	1.60
PATHOLOGY	1	1		22.40		22.40	.071		22.40		1.60
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9	13	\$	1,685.22	\$	129.63	.929	\$	187.25	\$	120.37
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	13		1,685.22		129.63	.929		187.25		120.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES M	IONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	004 THRU	DEC	2004	P	AGE 5,376
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	REFUGE	EES	AID C	CODES	01 02 08	0A				
							M	ONT	HLY AVERA	GE ·	
1.4		~====					/	~	~~~ ~~~		

					MON	THLY AVERA	JE
14 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	25 \$	371.44	\$ 14.86	1.786 \$	123.81	\$ 26.53
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	3	25	371.44	14.86	1.786	123.81	26.53
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

0	0		.00		.00	.000		.00		0.0
0	0		.00		.00	.000		.00		00
0	0		.00		.00	.000		.00		00
0	0		.00		.00	.000		.00		00
0	0		.00		.00	.000		.00		00
0	0		.00		.00	.000		.00		00
0	0		.00		.00	.000		.00		00
0	0		.00		.00	.000		.00		00
0	0		.00		.00	.000		.00		00
0	0		.00		.00	.000		.00		00
0	0		.00		.00	.000		.00		00
0	0	\$	.00	\$	.00	.000	\$	.00	\$.	00
0	0	\$	.00	\$	.00	.000	\$	.00	\$.	00
	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00	0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00	0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       \$       .00       \$	0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .000       .000         0       0       .00       .000       .000         0       0       .00       .000       .000	0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000	0       0       .00       .00       .000       .00       .00         0       0       .00       .00       .000       .000       .00         0       0       .00       .00       .000       .000       .00         0       0       .00       .00       .000       .000       .00         0       0       .00       .00       .000       .000       .00         0       0       .00       .00       .000       .000       .00         0       0       .00       .00       .000       .000       .00         0       0       .00       .00       .000       .000       .00         0       0       .00       .00       .000       .000       .00         0       0       .00       .00       .000       .000       .00         0       0       .00       .00       .000       .000       .00         0       0       .00       .00       .000       .000       .00         0       0       .00       .00       .000       .000       .00         0       0       .00       .00	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,377 FEE-FOR-SERVICE/DENTAL

03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

DAKE COUNTI	DOMINANT OF DEIN	VICES FOR DOCIL FEDERAL	A	ID CODES ON ON			
							GE
80 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	91	1,088 \$	98,669.92	\$ 90.69			\$ 1233.37
@PHYSICIANS SERVICES	54	660 \$	55 <b>,</b> 274.55			1023.60	
OUTPATIENT VISITS	29	51	1 <b>,</b> 767.69	34.66	.638	60.95	22.10
OFFICE VISITS	27	48	1,724.25	35.92	.600	63.86	21.55
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	43.44	14.48	.038	14.48	.54
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	26	1,568.95	60.34	.325	522.98	19.61
PRINCIPAL SURGEON	2	3	1,120.06	373.35	.038	560.03	14.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	23	448.89	19.52	.288	224.45	5.61
OUTPATIENT SURGERY	7	17	2,559.75	150.57	.213	365.68	32.00
PRINCIPAL SURGEON	6	10	2,423.71	242.37	.125	403.95	30.30
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	136.04	19.43	.088	136.04	1.70
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	21	58	647.61	11.17	.725	30.84	8.10
RADIOLOGY	10	30	2,843.55	94.79	.375	284.36	35.54
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	13	411	44,401.44	108.03	5.138	3415.50	555.02
OTHER SERVICES/ALL X-OVERS	20	67	1,485.56	22.17	.838	74.28	18.57
@PHARMACY	50	212 \$	31,982.67	\$ 150.86	2.650 \$	639.65	\$ 399.78
PRESCRIPTION DRUGS	50	207	31,600.83	152.66	2.588	632.02	395.01
SNF/ICF	1	1	341.34	341.34	.013	341.34	4.27
OUTPATIENTS	49	206	31,259.49	151.75	2.575	637.95	390.74

MEDICAL SUPPLIES	4	5	381.84	76.37	.063	95.46		4.77
@DENTIST	0	0 \$	.00	\$ .00	.000 \$		\$	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00		.00
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MONT	H-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAG	E 5,378
MOP024	FEE-FOR-SERVICE	/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR BCCTP-FEDERAL	A:	ID CODES OM ON	0 P			
					MON	THLY AVERA	GE	
80 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CO	ST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	EL	IGIBLE
@OPTOMETRIST	1	5 \$	113.22	\$ 22.64	.063 \$	113.22	\$	1.42
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.013	47.45		.59
EYE APPLIANCES	1	4	65.77	16.44	.050	65.77		.82
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	4	4 \$	66.88	\$ 16.72	.050 \$	16.72	\$	.84
VISITS	4	4	66.88	16.72	.050	16.72		.84
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
MUDGE AMEGMUEGICE	1	4 Ċ	(2 02	Ċ 1E 70	050 0	(2 02	Ċ	7.0

DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.013	47.45	.59
EYE APPLIANCES	1	4	65.77	16.44	.050	65.77	.82
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	4	4	\$ 66.88	\$ 16.72	.050	\$ 16.72	\$ .84
VISITS	4	4	66.88	16.72	.050	16.72	.84
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	1	4	\$ 62.92	\$ 15.73	.050	\$ 62.92	\$ .79
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	32	140	\$ 6,210.98	\$ 44.36	1.750	\$ 194.09	\$ 77.64
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	32	140	6,210.98	44.36	1.750	194.09	77.64
MEDICAL	13	23	566.81	24.64	.288	43.60	7.09
SURGERY	6	9	512.75	56.97	.113	85.46	6.41
PATHOLOGY	13	57	1,064.69	18.68	.713	81.90	13.31
RADIOLOGY	12	19	2,580.96	135.84	.238	215.08	32.26
ROOM USE	10	22	1,341.41	60.97	.275	134.14	16.77

CROSSOVERS/ALL OTH OUTPINT	6	10	144.36	14.44	.125	24.06	1.80
@COUNTY HOSPITAL TOTAL	6	41 \$	1,695.53	\$ 41.35	.513 \$	282.59	\$ 21.19
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	41	1,695.53	41.35	.513	282.59	21.19
MEDICAL	6	8	139.57	17.45	.100	23.26	1.74
SURGERY	3	6	401.60	66.93	.075	133.87	5.02
PATHOLOGY	3	9	246.65	27.41	.113	82.22	3.08
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	6	15	865.23	57.68	.188	144.21	10.82
CROSSOVERS/ALL OTH OUTPINT	2	3	42.48	14.16	.038	21.24	.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES :	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 5,379
MOP024	FEE-FOR-SERVICE/DEN	TAL					03/14/05
LAKE COUNTY	SUMMARY OF SERVICES	FOR BCCTP-FEDE	RAL A	ID CODES OM ON	0P		
					MON'	THLY AVERA	GE
80 ELIGIBLES		TS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	26	99 \$	4,515.45	\$ 45.61	1.238 \$	173.67	\$ 56.44
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

	0			0.0		0.0	0.00		0.0		0.0
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	26	99		4,515.45		45.61	1.238		173.67		56.44
MEDICAL	7	15		427.24		28.48	.188		61.03		5.34
SURGERY	3	3		111.15		37.05	.038		37.05		1.39
PATHOLOGY	10	48		818.04		17.04	.600		81.80		10.23
RADIOLOGY	12	19		2,580.96		135.84	.238		215.08		32.26
ROOM USE	4	7		476.18		68.03	.088		119.05		5.95
CROSSOVERS/ALL OTH OUTPINT	4	7		101.88		14.55	.088		25.47		1.27
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	*	.00	т	.00	.000	т.	.00	т	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	Ś	.00	\$	.00	.000	\$	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	Ÿ	.00	Ÿ	.00	.000	Y	.00	Y	.00
	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0									
LEV B-SUBACUTE FREESTANDING	U			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	·	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
PATHOLOGY	0	0	Ψ	.00	Υ	.00	.000	۲	.00	۲	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0 10	17	\$	2,363.28	Ċ	139.02	.213	Ċ	236.33	Ċ	29.54
CLINIC CLINIC	0	0	Ą	.00	۲	.00	.000	۲	.00	ې	.00
	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0					.000				
HEROIN DETOX CLINIC	0	•		.00		.00			.00		.00
RURAL HEALTH CLINIC	10	17		2,363.28		139.02	.213		236.33		29.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		URES MON	TH-OF-PAYMENT F	REPORT	' FOR JAN	2004 THRU	DEC	2004	P.F	AGE 5,380
MOP024	FEE-FOR-SERVICE/D			_							03/14/05
LAKE COUNTY	SUMMARY OF SERVIC	ES FOR BCCTP	-FEDERAL	F	AID CC	DES OM ON					
							M				
80 ELIGIBLES		NITS OF SERVI		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CA					PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	5	46	\$	2,595.42	\$		.575		519.08		32.44
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
CHURITO PIONNOR IRRIING	O .	U		.00		.00	.000		• 0 0		• 0 0

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	5	59.09	11.82	.063	29.55	.74
PHYSICAL THERAPIST	2	23	343.39	14.93	.288	171.70	4.29
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	18	2,192.94	121.83	.225	1096.47	27.41
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	1	3	\$ 120.74	\$ 40.25	.038	\$ 120.74	\$ 1.51

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,381
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

----- MONTHLY AVERAGE -----44 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 343.76 \$ 453.13 @TOTAL, ALL PROVIDERS 58 384 19,937.92 \$ 51.92 8.727 \$ 1.250 \$ @PHYSICIANS SERVICES 20 55 712.61 12.96 35.63 \$ 16.20 10 214.70 19.52 .250 21.47 OUTPATIENT VISITS 11 4.88 2 4.75 OFFICE VISITS 9.50 4.75 .045 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .00 .000 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 25.65 OTHER OUTPATIENT 205.20 22.80 .205 4.66 .00 .00 .00 INPATIENT VISITS .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .000 .00 .00 .00 .000 OPHTHALMOLOGICAL SERVICES .00 .00 EXAMINATIONS .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .00 .00 .00 .000 PRINCIPAL SURGEON .00 .00 .000 ASSISTANT SURGEON ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .000 .00 DIALYSIS PATHOLOGY .00 .00 .023 .00 .00 151.03 RADIOLOGY 16.78 .205 50.34 3.43 PSYCHIATRY .00 .00 .000 .00 .00

IMMUNIZATION AND INJECTION	2	10	.00	.00	.227	.00	.00
OTHER SERVICES/ALL X-OVERS	6	24	346.88	14.45	.545	57.81	7.88
@PHARMACY	48	223	17,037.90	\$ 76.40	5.068	\$ 354.96	\$ 387.23
PRESCRIPTION DRUGS	48	221	16,987.72	76.87	5.023	353.91	386.08
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	48	221	16,987.72	76.87	5.023	353.91	386.08
MEDICAL SUPPLIES	2	2	50.18	25.09	.045	25.09	1.14
@DENTIST	3	10 \$	\$ 25.00	\$ 2.50	.227	\$ 8.33	\$ .57
VISITS - DIAGNOSTIC	1	2	25.00	12.50	.045	25.00	.57
ORAL SURGERY	1	6	.00	.00	.136	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	.00	.00	.045	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-OF-PAYMENT R	REPORT FOR JAN	2004 THRU	DEC 2004	PAGE 5,382
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05

SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

----- MONTHLY AVERAGE -----44 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE 0 @OPTOMETRIST 0 .00 \$ .00 .000 \$ .00 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .00 \$ @CHIROPRACTOR .00 \$ .00 .000 \$ .00 .00 VISITS .00 .00 .000 .00 .00 .00 .000 .00 OTHER SERVICES @PODIATRIST 0 .00 \$ .00 .000 \$ .00 \$ .00 .00 MEDICINE/INJECTIONS 0 .00 .000 .00 .00 .00 .00 .00 SURGERY/ANES. .000 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 .00 .00 OTHER 0 .00 .000 .00 .00 \$ .00 .000 \$ .00 \$ @HOME HEALTH AGENCY 0 .00 \$ .00 .000 \$ .00 \$ .00 NURSE ANESTHESIST NURSE MIDWIFE 0 .00 .00 .000 \$ .00 \$ .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$ .00 \$ FAMILY NURSE PRACTITIONER 0 .00 \$ .00 .000 \$ .00 \$ .00 1,637.29 @TOTAL HOSPITAL 10 30.32 1.227 \$ 163.73 \$ 37.21 HOSP INPATIENT TOTAL .00 .00 .000 .00 0 .00 HSC HOSPITALS .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .000 .00 .00

LAKE COUNTY

HOSP OUTPATIENT TOTAL	10	54	1,637.2	9	30.32	1.227	163.73	37.21
MEDICAL	3	5	207.8	9	41.58	.114	69.30	4.72
SURGERY	0	0	.0	0	.00	.000	.00	.00
PATHOLOGY	2	4	6.9	6	1.74	.091	3.48	.16
RADIOLOGY	2	6	68.2	6	11.38	.136	34.13	1.55
ROOM USE	1	1	9.0	6	9.06	.023	9.06	.21
CROSSOVERS/ALL OTH OUTPTNT	6	38	1,345.1	2	35.40	.864	224.19	30.57
@COUNTY HOSPITAL TOTAL	0	0 \$	.0	0 \$	.00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.0	0	.00	.000	.00	.00
HSC HOSPITALS	0	0	.0	0	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.0	0	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.0	0	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.0	0	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.0	0	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.0	0	.00	.000	.00	.00
ANCILLARIES	0	0	.0	0	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.0	0	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.0	0	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.0	0	.00	.000	.00	.00
MEDICAL	0	0	.0	0	.00	.000	.00	.00
SURGERY	0	0	.0	0	.00	.000	.00	.00
PATHOLOGY	0	0	.0	0	.00	.000	.00	.00
RADIOLOGY	0	0	.0	0	.00	.000	.00	.00
ROOM USE	0	0	.0	0	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.0	0	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	S MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU D	DEC 2004	PAGE 5,383
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	BCCTP-STA	ATE-ONLY AI	D CODES	0R 0T 0U	0V		
						MC	NTHLY AVERA	GE

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USERS 44 ELIGIBLES PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @COMMUNITY HOSPITAL TOTAL 10 54 \$ 1,637.29 \$ 30.32 1.227 \$ 163.73 \$ 37.21 .000 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .00 .00 HSC HOSPITALS 0 .00 .00 .000 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .000 ACCOMMODATIONS .00 .00 .000 .000 .000 .000 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .00 ALL OTHER ACCOM .00 .00 .00 .00 .00 ANCILLARIES .00 .00 .00 .00 .00 .000 INPATIENT CROSSOVERS 0 .00 .00 .000 .00 ALL OTHER INPATIENT .00 163.73 1,637.29 COMM HOSP OUTPATIENT TOTAL 10 54 30.32 1.227 37.21 .114 41.58 69.30 MEDICAL 207.89 SURGERY 0 .00 .00 .000 .00 .00 6.96 1.74 .091 3.48 PATHOLOGY .16 68.26 11.38 RADIOLOGY .136 34.13 1 9.06 9.06 9.06 .21 ROOM USE .023 38 35.40 224.19 30.57 CROSSOVERS/ALL OTH OUTPTNT 1,345.12 .864 .00 \$ .000 \$ .00 \$ @STATE HOSPITAL 0 .00 MENTALLY ILL 0 .00 .00 .000 .00 .00 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 \$ .00 .000 \$ @NURSING FACILITY .00 \$ .00 .00 LEV A-INTERMEDIATE .00 .000 .00 .00 .00 LEV B-REHAB MD 0 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	.00	\$	.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	11	\$	354.80	\$	32.25	.250	59.13	\$	8.06
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	6	11		354.80		32.25	.250	59.13		8.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITUR	ES MONTH-	OF-PAYMENT R	EPORT	FOR JAN	2004 THRU DI	EC 2004	P	AGE 5,384
MOP024	FEE-FOR-SERVICE/DENTA	AL								03/14/05
LAKE COUNTY	SUMMARY OF SERVICES 1	FOR BCCTP-S	TATE-ONLY	Z AID	CODES	OR OT OU	0V			
							MOI	NTHLY AVERA	GE ·	
44 ELIGIBLES	USERS UNIT:	S OF SERVICE	E	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	COST PER	(	COST PER
	OR I	DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER	]	ELIGIBLE
@ALL OTHER PROVIDERS	3	31	\$	170.32	\$	5.49	.705	56.77	\$	3.87
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
VEDTORI EDINGBODERETOR	0	^		0.0		0.0	0.00	0.0		0.0

0

MEDICAL TRANSPORTATION

0

.00

.00

.000

.00

.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	31	170.32	5.49	.705	56.77	3.87
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000		\$ .00
@XOVER EXCLUDING STATE HOSP**	8	76 \$	854.23	\$ 11.24	1.727	\$ 106.78	\$ 19.41

<sup>0\*</sup> Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,385 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 LAKE COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

	MONTHLY AVERAGE -								
124 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	149	1,472	\$	118,607.84	\$ 80.58	11.871	\$ 796.03	\$	956.51
@PHYSICIANS SERVICES	74	715	\$	55 <b>,</b> 987.16	\$ 78.30	5.766	\$ 756.58	\$	451.51
OUTPATIENT VISITS	39	62		1,982.39	31.97	.500	50.83		15.99
OFFICE VISITS	29	50		1,733.75	34.68	.403	59.78		13.98
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	11	12		248.64	20.72	.097	22.60		2.01
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	3	26		1,568.95	60.34	.210	522.98		12.65
PRINCIPAL SURGEON	2	3		1,120.06	373.35	.024	560.03		9.03
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	23		448.89	19.52	.185	224.45		3.62
OUTPATIENT SURGERY	7	17		2,559.75	150.57	.137	365.68		20.64
PRINCIPAL SURGEON	6	10		2,423.71	242.37	.081	403.95		19.55

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0			00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	7		136.	04		19.43	.056		136.04		1.10
DIALYSIS	0	0			00		.00	.000		.00		.00
PATHOLOGY	22	59		647.	61		10.98	.476		29.44		5.22
RADIOLOGY	13	39		2,994.	58		76.78	.315		230.35		24.15
PSYCHIATRY	0	0			00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	15	421		44,401.	44		105.47	3.395		2960.10		358.08
OTHER SERVICES/ALL X-OVERS	26	91		1,832.	44		20.14	.734		70.48		14.78
@PHARMACY	98	435	\$	49,020.	57	\$	112.69	3.508	\$	500.21	\$	395.33
PRESCRIPTION DRUGS	98	428		48,588.	55		113.52	3.452		495.80		391.84
SNF/ICF	1	1		341.	34		341.34	.008		341.34		2.75
OUTPATIENTS	97	427		48,247.	21		112.99	3.444		497.39		389.09
MEDICAL SUPPLIES	6	7		432.	02		61.72	.056		72.00		3.48
@DENTIST	3	10	\$	25.		\$	2.50	.081	\$	8.33	\$	.20
VISITS - DIAGNOSTIC	1	2		25.	00		12.50	.016		25.00		.20
ORAL SURGERY	1	6			00		.00	.048		.00		.00
DRUGS	0	0			00		.00	.000		.00		.00
ANESTHESIA	0	0			00		.00	.000		.00		.00
PERIODONTICS	0	0			00		.00	.000		.00		.00
ENDODONTICS	0	0			00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			00		.00	.000		.00		.00
PROSTHETICS	0	0			00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2			00		.00	.016		.00		.00
SPACE MAINTAINERS	0	0			00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDIT	URES M	IONTH-OF-PAYMEN	T RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PF	AGE 5,386
MOP024	FEE-FOR-SERVICE/DENTAL											03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	BCCTP	-TOTAL	ı								

THE COOKII	BOIMMING OF BEIN	VICED TON BEETE I	OIII					O N T ETT	A	<b>с</b> п	
									HLY AVERA	.GE	
124 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST	/	-	COST PER		COST PER
		OR DAYS OF CARE			PER	. UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	5	\$	113.22	\$	22.64	.040	\$	113.22	\$	.91
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.008		47.45		.38
EYE APPLIANCES	1	4		65.77		16.44	.032		65.77		.53
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	4	4	\$	66.88	\$	16.72	.032	\$	16.72	\$	.54
VISITS	4	4		66.88		16.72	.032		16.72		.54
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	1	4	\$	62.92	\$	15.73	.032	\$	62.92	\$	.51
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	42	194	\$	7,848.27	\$	40.46	1.565	\$	186.86	\$	63.29
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	42	194	7,848.27	40.46	1.565	186.86	63.29
MEDICAL	16	28	774.70	27.67	.226	48.42	6.25
SURGERY	6	9	512.75	56.97	.073	85.46	4.14
PATHOLOGY	15	61	1,071.65	17.57	.492	71.44	8.64
RADIOLOGY	14	25	2,649.22	105.97	.202	189.23	21.36
ROOM USE	11	23	1,350.47	58.72	.185	122.77	10.89
CROSSOVERS/ALL OTH OUTPINT	12	48	1,489.48	31.03	.387	124.12	12.01
@COUNTY HOSPITAL TOTAL	6	41 \$	1,695.53	\$ 41.35	.331	\$ 282.59	\$ 13.67
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	41	1,695.53	41.35	.331	282.59	13.67
MEDICAL	6	8	139.57	17.45	.065	23.26	1.13
SURGERY	3	6	401.60	66.93	.048	133.87	3.24
PATHOLOGY	3	9	246.65	27.41	.073	82.22	1.99
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	6	15	865.23	57.68	.121	144.21	6.98
CROSSOVERS/ALL OTH OUTPINT	2	3	42.48	14.16	.024	21.24	.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU DI	EC 2004	PAGE 5,387
MOP024	FEE-FOR-SERVICE/I	ENTAL					03/14/05
LAKE COUNTY	SUMMARY OF SERVIC	ES FOR BCCTP-TOT.	AL				
						NTHLY AVERA	GE
124 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES				COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE

					MON	ITHLY AVERAG	E
124 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	36	153 \$	6,152.74	\$ 40.21	1.234 \$	170.91	\$ 49.62
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	36	153	6,152.74	40.21	1.234	170.91	49.62
MEDICAL	10	20	635.13	31.76	.161	63.51	5.12
SURGERY	3	3	111.15	37.05	.024	37.05	.90
PATHOLOGY	12	52	825.00	15.87	.419	68.75	6.65
RADIOLOGY	14	25	2,649.22	105.97	.202	189.23	21.36
ROOM USE	5	8	485.24	60.66	.065	97.05	3.91
CROSSOVERS/ALL OTH OUTPTNT	10	45	1,447.00	32.16	.363	144.70	11.67
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0		0	•	.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		Ö		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0		0	۲	.00	Y	.00	.000	٧	.00	٧	.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	Ś	.00	\$	.00	.000	Ś		\$	.00
	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HOSPITAL BASED	0		0									
HEMODIALYSIS CENTER	0		0	\$	.00	Ċ	.00	.000	ć	.00	Ś	.00
@REHABILITATION FACILITY	0		-	Ş	.00	\$	.00	.000	\$	.00	Ş	.00
HOSPITAL BASED	U		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	16		28	\$	2,718.08	\$	97.07	.226	\$		\$	21.92
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	16		28		2,718.08		97.07	.226		169.88		21.92
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPE	ENDITU	RES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PA	GE 5,388
MOP024	FEE-FOR-SERVICE	:/DENTAL										03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR E	BCCTP-	TOTAL								
								M				
124 ELIGIBLES	USERS	UNITS OF S			EXPENDITURES		RAGE COST			COST PER		OST PER
		OR DAYS C					UNIT/DAY			USER		LIGIBLE
@ALL OTHER PROVIDERS	8		77	\$	2,765.74	\$	35.92	.621	\$	345.72	\$	22.30
DURABLE MED. EQUIP.	0		0		.00		.00	.000		.00		.00
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000		.00		.00
OPTICIAN	2		5		59.09		11.82	.040		29.55		.48
PHYSICAL THERAPIST	2		23		343.39		14.93	.185		171.70		2.77
PORTABLE X-RAY	0		0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	Ō		Ö		.00		.00	.000		.00		.00
PROSTHETICS	0		Ō		.00		.00	.000		.00		.00
ORTHOTICS	0		0		.00		.00	.000		.00		.00
DOVOLIOTOD	0		0		.00		.00	000		.00		.00

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HOSPICE SERVICES

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

PSYCHOLOGIST

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	31	170.32	5.49	.250	56.77	1.37
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	9	79	\$ 974.97	\$ 12.34	.637	\$ 108.33	\$ 7.86
0							

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,389
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

LAKE COUNTI	SOMMAKI OF SEK	VICES FOR	QMD - C	TITITI			AID CODE	00			
								MC	NTHLY AVERA	GE ·	
60 ELIGIBLES	USERS	UNITS OF	SERVICE	3	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS	OF CARE	3		PER	UNIT/DAY	PER ELIG	USER	]	ELIGIBLE
@TOTAL, ALL PROVIDERS	7		18	\$	433.70	\$	24.09	.300	\$ 61.96	\$	7.23
@PHYSICIANS SERVICES	3		3	\$	71.38	\$	23.79	.050	\$ 23.79	\$	1.19
OUTPATIENT VISITS	0		0		.00		.00	.000	.00		.00
OFFICE VISITS	0		0		.00		.00	.000	.00		.00
HOME VISITS	0		0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000	.00		.00
INPATIENT VISITS	0		0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000	.00		.00
CRITICAL CARE	0		0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00		.00
EXAMINATIONS	0		0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00		.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	3	3	71.38	23.79	.050	23.79	1.19	
@PHARMACY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00	
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00	
@DENTIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU	DEC 2004	PAGE 5,39	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/0	)5
LAKE COUNTY	SUMMARY OF SERVICES FOR	R QMB - ONLY		AID COD				
						ONTHLY AVERA	GE	
CO DI TOIDI DO	TIGED O TRITEO O	T OFFITTOF		31700 00 000	/	a acam bed	COOK DED	

60 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER	_	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	
@TOTAL HOSPITAL	2	9 \$	54.00	\$ 6.00	.150	27.00	\$ .90
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
ADMINISTRATIVE DAYS	U	U		.00	.000		
TRANSITIONAL IP CARE	0	Ü	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	9	54.00	6.00	.150	27.00	.90
MEDICAL	_	Ô	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0					
RADIOLOGY	U	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	9	54.00	6.00	.150	27.00	.90
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	U	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MO	ONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2004 THRU DE	EC 2004	PAGE 5,391
MOP024	FEE-FOR-SERVICE	E/DENTAL					03/14/05
LAKE COUNTY	SUMMARY OF SERV	VICES FOR QMB - ONLY		AID CODE	80		
					MON	THLY AVERA	GE
60 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
**		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	9 \$	54.00	\$ 6.00	.150		_
	0	0	.00	.00		.00	•
COMM HOSP INPATIENT TOTAL					.000		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	· ·					
ALL OTHER INPATIENT	•	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	9	54.00	6.00	.150	27.00	.90
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	Ö		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	Ö		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	2	9		54.00		6.00	.150		27.00		.90
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	•	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONT	TH-OF-PAYMENT RE	EPORT	FOR JAN 200	04 THRU	DEC	2004	PAGE	5 <b>,</b> 392
MOP024	FEE-FOR-SERVICE/DENTAL									03	/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	QMB -	ONLY			AID CODE 80	)				
							M	IONTI	HLY AVERA	GE	

					MON	THLY AVERA	GE
60 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	6	\$ 308.32	\$ 51.39	.100 \$	154.16	\$ 5.14
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	4	278.32	69.58	.067	278.32	4.64
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
1	2		30.00		15.00	.033		30.00		.50
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
6	14	\$	155.38	\$	11.10	.233	\$	25.90	\$	2.59
	0 0 0 0 0 0 0 0 0 1 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         1       2       30.00         0       \$       .00	0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         1       2       30.00         0       \$       .00	0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         1       2       30.00       15.00         0       0       \$       .00       \$	0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         1       2       30.00       15.00       .033         0       \$       .00       \$       .00       .000	0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         1       2       30.00       15.00       .003         0       \$       .00       \$       .00       \$	0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         1       2       30.00       15.00       .033       30.00         0       0       \$       .00       \$       .00       \$       .00	0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         1       2       30.00       15.00       .033       30.00         0       0       \$       .00       \$       .00       \$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,393 FEE-FOR-SERVICE/DENTAL

03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

					MON	THLY AVERAC	GE
1,053 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	424	1,350 \$	76,384.02	\$ 56.58	1.282 \$	180.15	\$ 72.54
@PHYSICIANS SERVICES	84	200 \$	7,499.56	\$ 37.50	.190 \$	89.28	\$ 7.12
OUTPATIENT VISITS	61	73	3,190.49	43.71	.069	52.30	3.03
OFFICE VISITS	27	32	1,074.26	33.57	.030	39.79	1.02
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	34	40	2,095.29	52.38	.038	61.63	1.99
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	20.94	20.94	.001	20.94	.02
INPATIENT VISITS	3	6	378.36	63.06	.006	126.12	.36
HOSPITAL VISITS	3	6	378.36	63.06	.006	126.12	.36
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	8.01	8.01	.001	8.01	.01
EXAMINATIONS	1	1	8.01	8.01	.001	8.01	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	6	92.87	15.48	.006	92.87	.09
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	92.87	15.48	.006	92.87	.09
OUTPATIENT SURGERY	12	85	3,433.83	40.40	.081	286.15	3.26
PRINCIPAL SURGEON	4	4	1,957.84	489.46	.004	489.46	1.86
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	81	1,475.99	18.22	.077	184.50	1.40
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	9.68	2.42	.004	4.84	.01
RADIOLOGY	12	14	106.05	7.58	.013	8.84	.10
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	11	280.27			40.04	
@PHARMACY	142	256 \$	5,935.07	•	·		•
PRESCRIPTION DRUGS	141	254	5,882.78	23.16	.241	41.72	5.59
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	141	254	5,882.78	23.16	.241	41.72	5.59

MEDICAL SUPPLIES	2	2	52.29	26.15	.002	26.15	.05
@DENTIST	17	183 \$	7,783.00	\$ 42.53	.174	\$ 457.82	\$ 7.39
VISITS - DIAGNOSTIC	17	72	1,275.00	17.71	.068	75.00	1.21
ORAL SURGERY	5	15	605.00	40.33	.014	121.00	.57
DRUGS	1	2	25.00	12.50	.002	25.00	.02
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	4	17	1,207.00	71.00	.016	301.75	1.15
RESTORATIVE DENTISTRY	9	76	4,551.00	59.88	.072	505.67	4.32
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	1	120.00	120.00	.001	120.00	.11
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU D	EC 2004	PAGE 5,394
MOP024	TEE TOD CERTIFOR	/					
MOPUZ4	FEE-FOR-SERVICE/	DENTAL					03/14/05
LAKE COUNTY		DENTAL ICES FOR 133% PROG	RAM AID	CODES 72 74 8	N 8P		03/14/05
			RAM AID	CODES 72 74 8		NTHLY AVERA	
			RAM AID EXPENDITURES		T UNITS/DAYS		
LAKE COUNTY	SUMMARY OF SERVI	CES FOR 133% PROG			T UNITS/DAYS		.GE
LAKE COUNTY	SUMMARY OF SERVI	CES FOR 133% PROGUNITS OF SERVICE	EXPENDITURES 78.88	AVERAGE COS PER UNIT/DA \$ 39.44	MO T UNITS/DAYS Y PER ELIG .002	COST PER USER \$ 39.44	GE COST PER ELIGIBLE \$ .07
LAKE COUNTY  1,053 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	SUMMARY OF SERVI	CES FOR 133% PROG UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES 78.88 78.88	AVERAGE COS PER UNIT/DA \$ 39.44 39.44	T UNITS/DAYS Y PER ELIG .002 .002	COST PER USER \$ 39.44 39.44	GE COST PER ELIGIBLE \$ .07
LAKE COUNTY  1,053 ELIGIBLES  @OPTOMETRIST	SUMMARY OF SERVI	CES FOR 133% PROG UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES 78.88 78.88 .00	AVERAGE COS PER UNIT/DA \$ 39.44	MO T UNITS/DAYS Y PER ELIG .002	COST PER USER \$ 39.44 39.44	GE COST PER ELIGIBLE \$ .07
LAKE COUNTY  1,053 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	SUMMARY OF SERVI	CCES FOR 133% PROGUNITS OF SERVICE OR DAYS OF CARE 2 \$ 2 0 0 0	EXPENDITURES 78.88 78.88 .00 .00	AVERAGE COS PER UNIT/DA \$ 39.44 39.44 .00	T UNITS/DAYS Y PER ELIG .002 .002	COST PER USER \$ 39.44 39.44 .00 .00	COST PER ELIGIBLE \$ .07 .07 .00 .00
LAKE COUNTY  1,053 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	SUMMARY OF SERVI	CES FOR 133% PROG UNITS OF SERVICE OR DAYS OF CARE	78.88 78.88 00 .00	AVERAGE COS PER UNIT/DA \$ 39.44 39.44 .00 .00 \$ .00	T UNITS/DAYS Y PER ELIG .002 .002 .000 .000	COST PER USER \$ 39.44 39.44 .00 .00 \$ .00	COST PER ELIGIBLE \$ .07 .07 .00 .00 \$ .00
LAKE COUNTY  1,053 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	SUMMARY OF SERVI	CCES FOR 133% PROGUNITS OF SERVICE OR DAYS OF CARE 2 \$ 2 0 0 0	78.88 78.88 00 .00 .00	AVERAGE COS PER UNIT/DA \$ 39.44 39.44 .00 .00 \$ .00	T UNITS/DAYS Y PER ELIG .002 .002 .000 .000 .000	COST PER USER \$ 39.44 39.44 .00 .00 \$ .00	COST PER ELIGIBLE \$ .07 .07 .00 .00 \$ .00
LAKE COUNTY  1,053 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	SUMMARY OF SERVI	CCES FOR 133% PROGUNITS OF SERVICE OR DAYS OF CARE 2 \$ 2 0 0 0 0 \$ 0 0 \$ 0 0	78.88 78.88 00 .00 .00	AVERAGE COS PER UNIT/DA \$ 39.44 39.44 .00 .00 \$ .00 .00	T UNITS/DAYS Y PER ELIG .002 .002 .000 .000 .000 .000	COST PER USER \$ 39.44 39.44 .00 .00 \$ .00 .00	COST PER ELIGIBLE \$ .07 .07 .00 .00 \$ .00 \$ .00 .00
LAKE COUNTY  1,053 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	SUMMARY OF SERVI	CCES FOR 133% PROGUNITS OF SERVICE OR DAYS OF CARE 2 \$ 2 0 0 0	78.88 78.88 78.88 .00 .00 .00	AVERAGE COS PER UNIT/DA \$ 39.44 39.44 .00 .00 \$ .00 \$ .00 \$ .00 \$ .00	T UNITS/DAYS Y PER ELIG .002 .002 .000 .000 .000 .000 .000 .00	COST PER USER \$ 39.44 39.44 .00 .00 \$ .00 .00 \$ .00	COST PER ELIGIBLE  \$ .07 .07 .00 .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00
LAKE COUNTY  1,053 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	SUMMARY OF SERVI	CCES FOR 133% PROGUNITS OF SERVICE OR DAYS OF CARE 2 \$ 2 0 0 0 0 \$ 0 0 \$ 0 0	78.88 78.88 78.88 .00 .00 .00 .00	AVERAGE COS PER UNIT/DA \$ 39.44 39.44 .00 .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00	T UNITS/DAYS Y PER ELIG .002 .002 .000 .000 .000 .000 .000 .00	COST PER USER \$ 39.44 39.44 .00 .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00	COST PER ELIGIBLE  \$ .07 .07 .00 .00 \$ .00 \$ .00 \$ .00 \$ .00 .00 \$ .00
LAKE COUNTY  1,053 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	SUMMARY OF SERVI	CCES FOR 133% PROGUNITS OF SERVICE OR DAYS OF CARE 2 \$ 2 0 0 0 0 \$ 0 0 \$ 0 0	78.88 78.88 78.88 .00 .00 .00	AVERAGE COS PER UNIT/DA \$ 39.44 39.44 .00 .00 \$ .00 \$ .00 \$ .00 \$ .00	T UNITS/DAYS Y PER ELIG .002 .002 .000 .000 .000 .000 .000 .00	COST PER USER \$ 39.44 39.44 .00 .00 \$ .00 .00 \$ .00	COST PER ELIGIBLE  \$ .07 .07 .00 .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		\$ .00
@TOTAL HOSPITAL	77	185 \$	9,276.03	\$ 50.14	.176 \$		•
HOSP INPATIENT TOTAL	, ,	2	3,863.13	1931.57	.002	1931.57	3.67
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	2	3,863.13	1031 57	.002	1931.57	3.67
ACCOMMODATIONS	2	2	954.09	1931.57 477.05	.002	477.05	.91
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	954.09	477.05			.91
ALL OTHER ACCOM	2	2			.002	477.05	2.76
ANCILLARIES	2	0	2,909.04	.00	.000	1454.52	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	•	-	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	75	183	5,412.90	29.58	.174	72.17	5.14
MEDICAL	18	23	1,007.26	43.79	.022	55.96	.96
SURGERY	4	4	354.86	88.72	.004	88.72	.34
PATHOLOGY	13	36	332.73	9.24	.034	25.59	.32
RADIOLOGY	14	14	450.03	32.15	.013	32.15	.43
ROOM USE	57	66	2 <b>,</b> 676.96	40.56	.063	46.96	2.54
CROSSOVERS/ALL OTH OUTPTNT		40	591.06	14.78	.038	22.73	.56
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON'	TH-OF-PAYMENT R	REPORT FOR JAN	2004 THRU DE	C 2004	PAGE 5,395
MOP024	FEE-FOR-SERVICE						03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR 133% PROGRAM	AID	CODES 72 74 8N	8P		
					MON	THLY AVERA	GE
1,053 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
_,,		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	77	185 \$	9,276.03	\$ 50.14		120.47	
COMM HOSP INPATIENT TOTAL	2	2	3,863.13	1931.57	.002	1931.57	3.67
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	2	3,863.13	1931.57	.002	1931.57	3.67
ACCOMMODATIONS	2	2	954.09	477.05	.002	477.05	.91
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
IIUMOIIIONAH II CANE	V	V	.00	• • • •	.000	• 00	• • • •

ALL OTHER ACCOM	2	2		954.09		477.05	.002		477.05		.91
ANCILLARIES	2	0		2,909.04		.00	.000		1454.52		2.76
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	75	183		5,412.90		29.58	.174		72.17		5.14
MEDICAL	18	23		1,007.26		43.79	.022		55.96		.96
SURGERY	4	4		354.86		88.72	.004		88.72		.34
PATHOLOGY	13	36		332.73		9.24	.034		25.59		.32
RADIOLOGY	14	14		450.03		32.15	.013		32.15		.43
ROOM USE	57	66		2,676.96		40.56	.063		46.96		2.54
CROSSOVERS/ALL OTH OUTPTNT		40		591.06		14.78	.038		22.73		.56
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	<b>A</b>	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	U	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00			.00		.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	ċ	.00	ċ	.00
ICF DDH	0	0	Ą	.00	Ą	.00	.000	۲	.00	۲	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	Y	.00	Y	.00	.000	٧	.00	٧	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	7	.00	-	.00	.000	т.	.00	т	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
PATHOLOGY	0	0	'	.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	236	358	\$	44,434.83	\$	124.12	.340	\$	188.28	\$	42.20
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	7	42		1,341.59		31.94	.040		191.66		1.27
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	231	316		43,093.24		136.37	.300		186.55		40.92
#CALIF DEPT OF HEALTH SERV			URES MC	NTH-OF-PAYMENT R	REPORT	FOR JAN	2004 THRU	DEC	2004	PP	GE 5,396
MOP024	FEE-FOR-SERVICE										03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR 133%	PROGRAM	I AID	CODES	72 74 8N					
1 050			~=				M				
1,053 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			UNITS/DAY				COST PER
OALL OBUIED DROUTDERS	2.0	OR DAYS OF CA		1 276 65			PER ELIG		USER		LIGIBLE
@ALL OTHER PROVIDERS	32	166	\$	1,376.65	\$	8.29			43.02		1.31
~	2	4		137.28		34.32	.004				
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	115		656.54		5.71	.109		.00 164.14		.62
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	4	115		656.54		5.71	.109		164.14		.62
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
221,2110 21011101 11011110	O .	O		• 0 0		• • • •	.000		• 0 0		• • • •

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	77.05	77.05	.001	77.05	.07
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	24	45	497.77	11.06	.043	20.74	.47
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.001	8.01	.01
@CALIF. CHILDREN SERVICES*	2	4	\$ 1,430.52	\$ 357.63	.004	\$ 715.26	\$ 1.36
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,397 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

LAKE COUNTI	DOMESTIC OF DELIC	VICED FOR TOO FROMM	AID (	CODED IN IC OIL	01		
					MON	ITHLY AVERA	GE
875 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	366	1,125 \$	79,731.91	\$ 70.87	1.286 \$	217.85	\$ 91.12
@PHYSICIANS SERVICES	65	128 \$	5,253.34	\$ 41.04	.146 \$	80.82	\$ 6.00
OUTPATIENT VISITS	36	40	2,184.81	54.62	.046	60.69	2.50
OFFICE VISITS	10	10	461.42	46.14	.011	46.14	.53
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	25	26	1,541.49	59.29	.030	61.66	1.76
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	3	152.65	50.88	.003	152.65	.17
OTHER OUTPATIENT	1	1	29.25	29.25	.001	29.25	.03
INPATIENT VISITS	1	1	46.44	46.44	.001	46.44	.05
HOSPITAL VISITS	1	1	46.44	46.44	.001	46.44	.05
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	37.15	37.15	.001	37.15	.04
EXAMINATIONS	1	1	37.15	37.15	.001	37.15	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	24	712.48	29.69	.027	237.49	.81
PRINCIPAL SURGEON	1	1	273.27	273.27	.001	273.27	.31
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	23	439.21	19.10	.026	219.61	.50
OUTPATIENT SURGERY	8	20	1,141.30	57.07	.023	142.66	1.30
PRINCIPAL SURGEON	6	6	818.50	136.42	.007	136.42	.94
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	14	322.80	23.06	.016	161.40	.37
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	6	161.74	26.96	.007	40.44	.18
RADIOLOGY	20	28	575.38	20.55	.032	28.77	.66
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	8	394.04	49.26	.009	56.29	.45
@PHARMACY	152	250	\$ 12,668.13	\$ 50.67	.286	\$ 83.34	\$ 14.48
PRESCRIPTION DRUGS	150	246	12,576.13	51.12	.281	83.84	14.37
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	150	246	12,576.13	51.12	.281	83.84	14.37
MEDICAL SUPPLIES	3	4	92.00	23.00	.005	30.67	.11
@DENTIST	17	60	\$ 2,462.00	\$ 41.03	.069	\$ 144.82	\$ 2.81
VISITS - DIAGNOSTIC	10	31	606.00	19.55	.035	60.60	.69
ORAL SURGERY	1	1	.00	.00	.001	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	3	4	732.00	183.00	.005	244.00	.84
RESTORATIVE DENTISTRY	7	23	1,054.00	45.83	.026	150.57	1.20
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	70.00	70.00	.001	70.00	.08
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 5,398
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05

SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

LAKE COUNTY

----- MONTHLY AVERAGE -----875 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 28 \$ 681.39 \$ 24.34 .032 \$ 61.94 \$ .78 @OPTOMETRIST 11 403.02 278.37 .00 44.78 .46 DIAGNOSTIC AND ANC. PROCED 9 9 44.78 .010 19 14.65 .022 39.77 EYE APPLIANCES .32 .00 .00 OTHER OPTOMETRIC SERVICES .000 .00 .00 \$ .00 .000 \$ .00 \$ @CHIROPRACTOR 0 .00 .00 VISITS .00 .000 .00 .00 .00 .00 0 .000 OTHER SERVICES @PODIATRIST 0 .00 \$ .00 .000 \$ .00 \$ .00 .00 .00 MEDICINE/INJECTIONS 0 .00 .000 .00 .00 .00 .00 .000 .00 .00 SURGERY/ANES. 0 RADIO./PATHOLOGY .00 .000 .00 .00 .00 OTHER .00 .000 .00 349.24 \$ 349.24 \$ 69.85 .006 \$ @HOME HEALTH AGENCY .00 \$ NURSE ANESTHESIST .00 \$ .00 .000 \$ .00 .00 \$ .00 \$ .00 NURSE MIDWIFE .000 \$ .00 .00 .00 \$ .00 \$ PEDIATRIC NURSE PRACTITIONER .000 \$ FAMILY NURSE PRACTITIONER Ω 0 .00 \$ .00 .000 \$ .00 \$ .00 232 20,600.67 \$ 337.72 \$ @TOTAL HOSPITAL 88.80 .265 \$ 23.54 7399.62 HOSP INPATIENT TOTAL 3 14,799.24 4933.08 .003 .00 4933.08 746.20 .00 .00 .00 0 .000 HSC HOSPITALS .00 .00 NON-HSC HOSPITAL TOTAL 14,799.24 .003 7399.62 16.91 2,238.60 .003 1119.30 ACCOMMODATIONS .00 .00 ADMINISTRATIVE DAYS .000 .00 TRANSITIONAL IP CARE .000 .00 2,238.60 .003 1119.30 ALL OTHER ACCOM .00 6280.32 ANCILLARIES 12,560.64 .000 14.36 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	60	229	5,801.43	25.33	.262	96.69	6.63
MEDICAL	14	21	844.44	40.21	.024	60.32	.97
SURGERY	3	3	231.71	77.24	.003	77.24	.26
PATHOLOGY	30	119	1,455.19	12.23	.136	48.51	1.66
RADIOLOGY	17	21	1,249.03	59.48	.024	73.47	1.43
ROOM USE	26	34	1,490.30	43.83	.039	57.32	1.70
CROSSOVERS/ALL OTH OUTPINT	13	31	530.76	17.12	.035	40.83	.61
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT	REPORT FOR JAN 2	2004 THRU D	EC 2004	PAGE 5,399
MOP024	FEE-FOR-SERVICE/						03/14/05
LAKE COUNTY	SUMMARY OF SERVI	CES FOR 100% PROG	GRAM AID	CODES 7A 7C 8R			
						NTHLY AVERAG	
875 ELIGIBLES	USERS	JNITS OF SERVICE	EXPENDITURES				COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	61	232 \$	20,600.67	\$ 88.80	.265	\$ 337.72	\$ 23.54

COMM HOSP INPATIENT TOTAL	2	3		14,799.24		4933.08	.003		7399.62		16.91
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	2	3		14,799.24		4933.08	.003		7399.62		16.91
ACCOMMODATIONS	2	3		2,238.60		746.20	.003		1119.30		2.56
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	3		2,238.60		746.20	.003		1119.30		2.56
ANCILLARIES	2	0		12,560.64		.00	.000		6280.32		14.36
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	60	229		5,801.43		25.33	.262		96.69		6.63
MEDICAL	14	21		844.44		40.21	.024		60.32		.97
SURGERY	3	3		231.71		77.24	.003		77.24		.26
PATHOLOGY	30	119		1,455.19		12.23	.136		48.51		1.66
RADIOLOGY	17	21		1,249.03		59.48	.024		73.47		1.43
ROOM USE	26	34		1,490.30		43.83	.039		57.32		1.70
CROSSOVERS/ALL OTH OUTPINT	13	31		530.76		17.12	.035		40.83		.61
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	т	.00	т	.00	.000	т	.00	Τ.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	Ċ	.00	Ċ	.00
LEV A-INTERMEDIATE	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00							
LEV B-TRANSITIONAL IP CARE	0					.00	.000		.00		.00
LEV B-REGULAR	0	0	ć	.00	ć	.00	.000	ć	.00	Ċ	.00
@INTERMEDIATE CARE FACILDD	U	0	\$	.00	\$	.00	.000	Þ	.00	Ş	.00
ICF DDH	U	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	U	0	_	.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	Ü	0	_	.00	_	.00	.000	_	.00	_	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	171	238	\$	32,835.62	\$	137.96	.272	\$	192.02	Ş	37.53
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	171	238		32,835.62		137.96	.272		192.02		37.53
#CALIF DEPT OF HEALTH SERV			JRES MO	NTH-OF-PAYMENT R	REPORT	FOR JAN 2	2004 THRU	DEC	2004	P.	AGE 5,400
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR 100% F	PROGRAM	AID	CODES	7A 7C 8R	8T				
							N	IONT:	HLY AVERA	GE	
875 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	RΕ		PER	. UNIT/DAY	PER ELIC	,	USER		ELIGIBLE
@ALL OTHER PROVIDERS	45	184	\$	4,881.52	\$	26.53	.210	\$	108.48	\$	5.58
DURABLE MED. EQUIP.	2	2		141.52		70.76	.002		70.76		.16
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	3	38		2,627.68		69.15	.043		875.89		3.00

AMBULANCES/AIR TRANS	3	37	827.68	22.37	.042	275	.89	.95
OTHER TRANS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800	.00	2.06
ACUPUNCTURE	0	0	.00	.00	.000		.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000		.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105	.00	.12
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	10	20	347.95	17.40	.023	34	.80	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000		.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000		.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	29	122	1,651.36	13.54	.139	56	.94	1.89
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.001	8	.01	.01
@CALIF. CHILDREN SERVICES*	5	16	\$ 643.52	\$ 40.22	.018	\$ 128	.70	\$ .74
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,401
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 77 39.82 .000 \$ 91.53 \$ @TOTAL, ALL PROVIDERS 177 7,047.77 @PHYSICIANS SERVICES 29 74 3,222.29 43.54 .000 \$ 111.11 \$ .00 OUTPATIENT VISITS 17 55 2,309.59 41.99 .000 135.86 .00 2 70.35 14.07 35.18 OFFICE VISITS .000 .00 HOME VISITS .00 .00 .000 .00 .00 0 EMERGENCY ROOM 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 PREVENTIVE CARE .000 15 50 2,239.24 44.78 .000 149.28 OB VISITS/COMPRE PERI .00 .00 .00 OTHER OUTPATIENT 0 0 .00 .000 .00 .00 .00 .000 .00 .00 INPATIENT VISITS HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 OPHTHALMOLOGICAL SERVICES .00 .00 .00 .000 .00 .00 .00 .00 EXAMINATIONS .000 .00 .00 .00 .000 .00 .00 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY .00 .00 .00 .00 .000 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 ANESTHESIOLOGIST .00 .000 .00 .00 173.99 OUTPATIENT SURGERY 87.00 .000 87.00 .00 PRINCIPAL SURGEON 173.99 87.00 .000 87.00 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	4		15.94		3.99	.000		3.99		.00
RADIOLOGY	11	13		722.77		55.60	.000		65.71		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	14	22	\$	729.44	\$	33.16	.000	\$	52.10	\$	.00
PRESCRIPTION DRUGS	14	22		729.44		33.16	.000		52.10		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	14	22		729.44		33.16	.000		52.10		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES M	ONTH-OF-PAYMENT RE	EPOR:	r for jan 20	004 THRU	DEC	2004	PAGE	5,402
MOP024	FEE-FOR-SERVICE/DENTAL									0	3/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	PRESUM	MPTIVE	ELIGIBILITY-PREGN	TNAN	AID CODES 7	7F 7G				
								O 3 7 FT T		α <del>-</del> -	

						MO	ГИС	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00		\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00		\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	8	16	\$ 496.45	\$	31.03	.000	\$	62.06	\$	.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0		.00	)	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	)	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	)	.00	.000	.00		.00
ANCILLARIES	0	0		.00	)	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	)	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	)	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	8	16		496.45		31.03	.000	62.06		.00
MEDICAL	0	0		.00	)	.00	.000	.00		.00
SURGERY	0	0		.00	)	.00	.000	.00		.00
PATHOLOGY	6	12		228.90	)	19.08	.000	38.15		.00
RADIOLOGY	4	4		267.55		66.89	.000	66.89		.00
ROOM USE	0	0		.00	)	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	Ś	.00		\$ .00	.000		Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	)	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	)	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	)	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00	)	.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT	REF	PORT FOR JAN 2	004 THRU	DEC 2004	PAGI	E 5,403
MOP024	FEE-FOR-SERVICE								_	03/14/05
LAKE COUNTY	SUMMARY OF SERV		TIVE	ELIGIBILITY-PRE	GNA	ANT AID CODES	7F 7G			, , ,
								ONTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	5	AVERAGE COST	UNITS/DAY	S COST PER	COS	ST PER
		OR DAYS OF CARE				PER UNIT/DAY	PER ELIG	USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	8	16	\$	496.45		\$ 31.03	.000			.00
COMM HOSP INPATIENT TOTAL	0	0	•	.00		.00	.000	.00		.00
	0	0								

					MON	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	16 \$	496.45	\$ 31.03	.000 \$	62.06	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8	16	496.45	31.03	.000	62.06	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	12	228.90	19.08	.000	38.15	.00
RADIOLOGY	4	4	267.55	66.89	.000	66.89	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	19	32	\$	769.72	\$	24.05	.000	\$	40.51	\$	.00
PATHOLOGY	19	32		769.72		24.05	.000		40.51		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	10	32	\$	1,724.87	\$	53.90	.000	\$	172.49	\$	.00
CLINIC	3	17		435.71		25.63	.000		145.24		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	15		1,289.16		85.94	.000		184.17		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	JRES M	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PAG	GE 5,404
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	PRESUN	MPTIVE	E ELIGIBILITY-PREGN	TNAN	AID CODES	3 7F 7G				
							M	ONT	HLY AVERA	GE	

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	OR	DAYS OF CARE	ن			PER	UNIT/DAY	PER ELIG	USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$		105.00	\$	105.00	.000	\$ 105.00	\$	.00
DURABLE MED. EQUIP.	0	0			.00		.00	.000	.00		.00
BLOOD BANK	0	0			.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00	.000	.00		.00
OTHER TRANS	0	0			.00		.00	.000	.00		.00
OTHER SERVICES	0	0			.00		.00	.000	.00		.00
ACUPUNCTURE	0	0			.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	1	1			105.00		105.00	.000	105.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000	.00		.00
OPTICIAN	0	0			.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0			.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00		.00	.000	.00		.00
PROSTHETICS	0	0			.00		.00	.000	.00		.00
ORTHOTICS	0	0			.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0			.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0			.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0			.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0			.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$		.00	\$	.00	.000	\$ .00	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$		.00	\$	.00	.000	\$ .00	\$	.00
A + MOMATO THE MILECE TIMES ARE CIVI	ד תחול מלותם א סג ואי	NITCONANTION I	THE METERS	ONTE SZ							

DEB HINTT/DAY DEB FITC

AID CODE 7H

IICER

FLICIBLE

OR DAVS OF CARE

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

LAKE COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,405 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM

----- MONTHLY AVERAGE -----00 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER USERS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 .00 \$ .00 .00 \$ .000 \$ .00 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 0 0 .00 \$ .00 .000 \$ .00 \$ .00 .00 OUTPATIENT VISITS 0 0 .00 .000 .00 .00 .00 .00 OFFICE VISITS .000 HOME VISITS .00 .000 .00 .00 .00 EMERGENCY ROOM .00 .000 .00 .00 .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 .00 EXAMINATIONS .00 .000 .00 .00 SERVICES AND MATERIALS .00 .000 .00 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
	0	0		.00				.00		
ASSISTANT SURGEON	0	0				.00	.000			.00
ANESTHESIOLOGIST	U	Ü		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
	0	0						.00		
OTHER SERVICES/ALL X-OVERS	0			.00		.00	.000			.00
@PHARMACY	Ü	0	\$	.00	\$	.00	.000	•	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00		.00
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	0	0		.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000		Ġ	.00
_	0	0	Y		Y			.00	Y	
VISITS - DIAGNOSTIC	0	0		.00		.00	.000			.00
ORAL SURGERY	U	U		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	Û		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
	0	0								
DENTURES, STAYPLATES	U	U		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		AND EXPENDITUR	ES I	MONTH-OF-PAYMENT RE	P∩RT				P	AGE 5,406
MOP024	FEE-FOR-SERVICE/DE				1 01(1	1010 01110 2	2001 1111(O D.	10 2001		03/14/05
			т т	IDEDCIII OCIC DDOCDAM		ATD CODE	711			03/14/03
LAKE COUNTY	SUMMARY OF SERVICE	'2 FOK MEDI-CA	т т.	UBERCULOSIS PROGRAM		AID CODE				
							MO			
00 ELIGIBLES	USERS UN	IITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
	(	OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
	0	0	\$		Ċ		.000		Ċ	
@CHIROPRACTOR	0	ŭ	Ş	.00	\$	.00			Þ	.00
VISITS	Ü	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
	· · · · · · · · · · · · · · · · · · ·		ċ		ċ				Ċ	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00		.00	\$	.00
NURSE ANESTHESIST			Ć.	.00	\$			.00	\$	.00
	0	0	\$			.00				
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	\$	.00
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	0	ŭ					.000			

FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	Ô	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	U	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0		.00			
HOSP OUTPATIENT TOTAL	0	0	.00		.000	.00	.00
MEDICAL	Ü	Ü	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		
	0	0 7					•
CO HOSPITAL INPATIENT TOTAL	U	U	.00	.00	.000	.00	.00
HSC HOSPITALS	O	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	Ü	Ü	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
		CES AND EXPENDITURES MO					
#CALIF DEPT OF HEALTH SERV			JNIH-OF-PAIMENI RE	LPORT FOR JAN	ZUU4 IRKU DE	IC 2004	PAGE 5,407
MOP024	FEE-FOR-SERVICE				=		03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR MEDI-CAL TUR	BERCULOSIS PROGRAM	M AID CODE			
					MON		E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000		.00
NON-HSC HOSPITALS TOTAL	0					.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	Ο	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL	U	U	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	ŭ	0		.00		.00	.000		.00		.00
	0	0	\$		\$	.00		Ċ		Ċ	
@STATE HOSPITAL	0		Þ	.00	Þ		.000	\$		\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
	0		ċ		Ċ			Ċ		Ċ	
@INTERMEDIATE CARE FACILDD	U	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	Ś	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	Ÿ	.00	Ÿ	.00	.000	Y	.00	Y	
	•										.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00	·	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
	0	0									
RURAL HEALTH CLINIC	•	•	- A	.00	D0D#	.00	.000	550	.00	-	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		ES M	ONTH-OF-PAYMENT RE	PORT	FOR JAN 2	1004 THRU	DEC	2004	PF	AGE 5,408
MOP024	FEE-FOR-SERVICE/DEN										03/14/05
LAKE COUNTY	SUMMARY OF SERVICES	FOR MEDI-CA	L TU	BERCULOSIS PROGRAM		AID CODE	7H				
									HLY AVERA	GE -	
00 ELIGIBLES	USERS UNI	TS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR	DAYS OF CARE				UNIT/DAY	PER ELIG		USER	Е	LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000		.00		.00
DURABLE MED. EQUIP.	0	0	7	.00	7	.00	.000	-T	.00	т.	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	0	0									
HEARING AID DISPENSERS		0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	•										
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
O+ MOMATO TAL MURGE TIMES ARE CITIEN AS	* * ODD*D****	TATEODAY MICAL THEAT ONLY					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,409 FEE-FOR-SERVICE/DENTAL

03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

					MOI	THLY AVERA	GΕ	
154 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	78	584	\$ 79,733.72	\$ 136.53	3.792	1022.23	\$	517.75
@PHYSICIANS SERVICES	27	144	\$ 6,968.67	\$ 48.39	.935	258.10	\$	45.25
OUTPATIENT VISITS	9	62	797.38	12.86	.403	88.60		5.18
OFFICE VISITS	2	3	101.39	33.80	.019	50.70		.66
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	2	2	89.20	44.60	.013	44.60		.58
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	6	57	606.79	10.65	.370	101.13		3.94
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	6	20	914.62	45.73	.130	152.44		5.94

HOSPITAL VISITS	6	20		914.62		45.73	.130		152.44		5.94
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	8	28		4,368.13		156.00	.182		546.02		28.36
PRINCIPAL SURGEON	6	6		3,810.40		635.07	.039		635.07		24.74
ASSISTANT SURGEON	1	1		186.50		186.50	.006		186.50		1.21
ANESTHESIOLOGIST	2.	21		371.23		17.68	.136		185.62		2.41
OUTPATIENT SURGERY	<u> </u>	11		100.32		9.12	.071		16.72		.65
PRINCIPAL SURGEON	6	11		100.32		9.12	.071		16.72		.65
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	6	6		213.93		35.66	.039		35.66		1.39
RADIOLOGY	7	13		363.04		27.93	.084		51.86		2.36
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		57.76		57.76	.006		57.76		.38
OTHER SERVICES/ALL X-OVERS	3	3		153.49		51.16	.019		51.16		1.00
@PHARMACY	15	30	\$	670.43		22.35	.195	Ś	44.70	Ś	4.35
PRESCRIPTION DRUGS	15	30	Υ	670.43		22.35	.195		44.70	۲	4.35
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	15	30		670.43		22.35	.195		44.70		4.35
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	Ś	.00		.00	.000		.00	Ś	.00
VISITS - DIAGNOSTIC	0	0	Y	.00		.00	.000	٧	.00	٧	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	O	ES MONTH-OF					DEC		PΔ	GE 5,410
MOP024	FEE-FOR-SERVICE/DENTAL		110111111 01			2010 01110 2001	111110	200	2001		03/14/05
LAKE COUNTY	SIIMMARY OF SERVICES FOR	MINOR CO	ONSENT ATD (	CODES ATD	CODES	7M 7P 7R 7N					33, 11, 03

LAKE COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

154 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0 5	\$ .00	\$	.00	.000	\$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0 5	\$ .00	\$	.00	.000	\$	.00	\$ .00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0 5	\$ .00	\$	.00	.000	\$	.00	\$ .00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00

----- MONTHLY AVERAGE -----

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	3 \$	179.85	\$ 59.95	.019 \$		\$ 1.17
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$		\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$		\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	36	204 \$	57,033.48	\$ 279.58	1.325 \$	1584.26	\$ 370.35
HOSP INPATIENT TOTAL	10	42	54,054.53	1287.01	.273	5405.45	351.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	10	42	54,054.53	1287.01	.273	5405.45	351.00
ACCOMMODATIONS	10	42	22,766.34	542.06	.273	2276.63	147.83
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	42	22,766.34	542.06	.273	2276.63	147.83
ANCILLARIES	10	0	31,288.19	.00	.000	3128.82	203.17
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	32	162	2,978.95	18.39	1.052	93.09	19.34
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	3	3	87.05	29.02	.019	29.02	.57
PATHOLOGY	25	106	1,436.89	13.56	.688	57.48	9.33
RADIOLOGY	7	7	497.42	71.06	.045	71.06	3.23
ROOM USE	8	13	452.71	34.82	.084	56.59	2.94
CROSSOVERS/ALL OTH OUTPINT	8	33	504.88	15.30	.214	63.11	3.28
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00		.00	.00
CO HOSP OUTPATIENT TOTAL MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00
RADIOLOGY	0	0	.00		.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT		-			.000		.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MON	TH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 5,411
MOP024	FEE-FOR-SERVICE/		3 3 5 0 00 00 3 5 0	20DE2 7M 7D 7D	737		03/14/05
LAKE COUNTY	SUMMARY OF SERVI	CES FOR MINOR CONSENT	AID CODES AID (	CODES /M /P /R		עממנע אנוחוו	CE
1EA ELICIDIDO	HOEDO	INTER OF CEDITOR	EVDENDIBLIDEC	ATTEDACE COCH	MON		
154 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
ACOMMINITES HORDITERI HORRI	36	OR DAYS OF CARE	E7 022 48	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		204 \$				1584.26	
COMM HOSP INPATIENT TOTAL	10	42	54,054.53	1287.01	.273	5405.45	351.00
HSC HOSPITALS	0	0	.00	.00 1287.01	.000	.00	.00
NON-HSC HOSPITALS TOTAL	10	42			.273	5405.45	351.00
ACCOMMODATIONS	10	42		542.06	.273	2276.63	147.83
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	10	42		22,766.34		542.06	.273		2276.63		147.83
ANCILLARIES	10	0		31,288.19		.00	.000		3128.82		203.17
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	32	162		2,978.95			1.052		93.09		19.34
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	3	3		87.05		29.02	.019		29.02		.57
PATHOLOGY	25	106		1,436.89		13.56	.688		57.48		9.33
RADIOLOGY	7	7		497.42		71.06	.045		71.06		3.23
ROOM USE	8	13		452.71		34.82	.084		56.59		2.94
CROSSOVERS/ALL OTH OUTPINT	8	33		504.88		15.30	.214		63.11		3.28
@STATE HOSPITAL	0	0	\$	.00	Ś	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	7	.00	т.	.00	.000	7	.00	т.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	7	.00	т.	.00	.000	т.	.00	т.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	Ś	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	•	.00	•	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	Ś	.00	\$	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	42	146	\$	11,438.51	\$	78.35	.948	\$	272.35	\$	74.28
CLINIC	21	103		5,216.01		50.64	.669		248.38		33.87
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	21	43		6,222.50		144.71	.279		296.31		40.41
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES M		EPORT	FOR JAN 2004	THRU	DEC	2004	PA	AGE 5,412
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05
TATE CONTENT	CINCARDII OR CERTIFORS	EOD 147110D	~~~~	NE 310 00000 310 0		714 75 75 714					

UNITS OF SERVICE 154 ELIGIBLES USERS COS

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.00 .000 EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 57 \$ 3,442.78 \$ 60.40 .370 \$ 573.80 \$ 22.36 @ALL OTHER PROVIDERS 6 .00 DURABLE MED. EQUIP. 0 BLOOD BANK 0 0 .00 HEARING AID DISPENSERS 0 0 .00 52 MEDICAL TRANSPORTATION 18.95 51 7.26 AMBULANCES/AIR TRANS OTHER TRANS 0 .00 OTHER SERVICES 11.69 0 ACUPUNCTURE .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING 3.41

----- MONTHLY AVERAGE -----

SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

LAKE COUNTY

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,413
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

----- MONTHLY AVERAGE -----918 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3.832 \$ 213.95 \$ 229.56 @TOTAL, ALL PROVIDERS 985 3,518 \$ 210,735.90 \$ 59.90 @PHYSICIANS SERVICES 197 393 13,634.32 \$ 34.69 .428 \$ 69.21 \$ 14.85 129 7,732.30 208 .227 59.94 OUTPATIENT VISITS 37.17 28 29 35.72 OFFICE VISITS 1,000.28 34.49 .00 54.72 .00 12.30 45.76 33.61 34.49 .032 1.09 .00 .00 HOME VISITS 0 0 .000 .00 93 5,800.64 62.37 EMERGENCY ROOM 106 .115 6.32 0 0 .00 .000 .00 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI 72 885.62 .078 110.70 .96 1 45.76 OTHER OUTPATIENT .001 45.76 .05 302.51 33.61 .010 100.84 .33 INPATIENT VISITS 33.61 HOSPITAL VISITS 302.51 .010 100.84 .33 CRITICAL CARE .00 .000 .00 .00 .00 .00 .000 .00 SNF/ICF/TRANS IP CARE 104.23 52.12 .002 52.12 OPHTHALMOLOGICAL SERVICES .11 EXAMINATIONS 104.23 52.12 .002 52.12 .11 .00 .00 .00 SERVICES AND MATERIALS .000 INPATIENT HOSPITAL SURGERY 796.83 159.37 .005 199.21 .87 730.84 243.61 .003 243.61 . 80 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON ANESTHESIOLOGIST 1 2 65.99 33.00 .002 65.99 .07 OUTPATIENT SURGERY 47 2,183.73 109.19 46.46 .051 2.38 17 73.10 103.19 PRINCIPAL SURGEON 1,754.31 .026 0 .00 ASSISTANT SURGEON 0 .00 .000 .00 .00 3 429.42 18.67 143.14 ANESTHESIOLOGIST .025 . 47 Ο .00 .00 .000 .00 DIALYSIS 18 20 439.66 PATHOLOGY 21.98 .022 24.43 .48 63 81 1,639.16 20.24 RADIOLOGY .088 26.02 1.79 PSYCHIATRY .00 .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	16	21		435.90	20.76	.023	27.24	.47
@PHARMACY	489	959	\$	55,662.41	\$ 58.04	1.045	\$ 113.83	\$ 60.63
PRESCRIPTION DRUGS	485	947		55,192.26	58.28	1.032	113.80	60.12
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	485	947		55,192.26	58.28	1.032	113.80	60.12
MEDICAL SUPPLIES	7	12		470.15	39.18	.013	67.16	.51
@DENTIST	41	246	\$	8,307.00	\$ 33.77	.268	\$ 202.61	\$ 9.05
VISITS - DIAGNOSTIC	28	126		2,198.00	17.44	.137	78.50	2.39
ORAL SURGERY	5	12		213.00	17.75	.013	42.60	.23
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	0		.00	.00	.000	.00	.00
ENDODONTICS	4	9		639.00	71.00	.010	159.75	.70
RESTORATIVE DENTISTRY	17	78		4,639.00	59.47	.085	272.88	5.05
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	14		288.00	20.57	.015	144.00	.31
SPACE MAINTAINERS	1	1		120.00	120.00	.001	120.00	.13
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	4		210.00	52.50	.004	52.50	.23
ALL OTHER SERVICES	2	2		.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DI	EC 2004	PAGE 5,414
MOP024	FEE-FOR-SERVICE							03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR EDWARD	S CAS	ES IN PA-FAMILIES	AID CODE			
							NTHLY AVERA	-
918 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	7	26	\$	563.34	\$ 21.67	.028	•	·
DIAGNOSTIC AND ANC. PROCED	6	6		284.70	47.45	.007	47.45	.31
EYE APPLIANCES	7	20		278.64	13.93	.022	39.81	.30
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00

000000000000000000000000000000000000000	2	4	<u>^</u>	66.00	<u> </u>	1 6 70	0.0.4		00 00	<u> </u>	0.7
@CHIROPRACTOR	3	4	\$	66.88	\$	16.72	.004	Ş	22.29	Ş	.07
VISITS	3	4		66.88		16.72	.004		22.29		.07
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	Ô	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	2	\$		\$	52.50	.002	¢	104.99	Ġ	.11
NURSE ANESTHESIST	0	0	Ċ	.00	\$	.00		\$	.00		.00
	0	0	ب د								
NURSE MIDWIFE	•	0	ې م	.00	\$	.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	•	-	\$		\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	Ş		\$	.00	.000		.00		.00
@TOTAL HOSPITAL	218	814	\$	42,571.28			.887	\$	195.28	\$	46.37
HOSP INPATIENT TOTAL	5	14		20,714.75		1479.63	.015		4142.95		22.57
HSC HOSPITALS	2	3		5 <b>,</b> 670.00		1890.00	.003		2835.00		6.18
NON-HSC HOSPITAL TOTAL	3	11		15,044.75		1367.70	.012		5014.92		16.39
ACCOMMODATIONS	3	11		6,113.65		555.79	.012		2037.88		6.66
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	11		6,113.65		555.79	.012		2037.88		6.66
	3	0		8,931.10		.00	.000		2977.03		9.73
ANCILLARIES	0	0									
INPATIENT CROSSOVERS	•	7		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	218	800		21,856.53		27.32	.871		100.26		23.81
MEDICAL	34	47		1,856.47		39.50	.051		54.60		2.02
SURGERY	10	15		504.70		33.65	.016		50.47		.55
PATHOLOGY	94	364		4,867.63		13.37	.397		51.78		5.30
RADIOLOGY	64	85		5 <b>,</b> 971.72		70.26	.093		93.31		6.51
ROOM USE	135	162		6,432.39		39.71	.176		47.65		7.01
CROSSOVERS/ALL OTH OUTPINT	70	127		2,223.62		17.51	.138		31.77		2.42
@COUNTY HOSPITAL TOTAL	1	3	\$	93.31	\$	31.10	.003	Ś	93.31	Ś	.10
CO HOSPITAL INPATIENT TOTAL	0	0	Y	.00	Ψ	.00	.000	Ψ	.00	Y	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
NON-HSC HOSPITALS TOTAL	•					.00	.000				.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	3		93.31		31.10	.003		93.31		.10
MEDICAL	1	1		37.82		37.82	.001		37.82		.04
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	ŭ	•									
ROOM USE	1	1		36.88		36.88			36.88		.04
CROSSOVERS/ALL OTH OUTPTNT		1	70 1101	18.61		18.61			18.61		.02
	MEDI-CAL SERVICES		IS MON	TH-OF-PAYMENT RI	EPOR	T FOR JAN 2	2004 THRU	DEC	2004	PA	GE 5,415
MOP024	FEE-FOR-SERVICE/										03/14/05
LAKE COUNTY	SUMMARY OF SERVI	CES FOR EDWARDS	CASES	IN PA-FAMILIES		AID CODE					
							M	TNO	HLY AVERA	GE -	
918 ELIGIBLES	USERS	JNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S		С	OST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	217	811	\$	42,477.97	\$	52.38	.883	\$	195.75	\$	46.27
				*				-			

COMM HOSP INPATIENT TOTAL	5	14		20,714.75		1479.63	.015		4142.95		22.57
HSC HOSPITALS	2	3		5,670.00		1890.00	.003		2835.00		6.18
NON-HSC HOSPITALS TOTAL	3	11		15,044.75		1367.70	.012		5014.92		16.39
ACCOMMODATIONS	3	11		6,113.65		555.79	.012		2037.88		6.66
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	11		6,113.65		555.79	.012		2037.88		6.66
ANCILLARIES	3	0		8,931.10		.00	.000		2977.03		9.73
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	217	797		21,763.22		27.31	.868		100.29		23.71
MEDICAL	33	46		1,818.65		39.54	.050		55.11		1.98
SURGERY	10	15		504.70		33.65	.016		50.47		.55
PATHOLOGY	94	364		4,867.63		13.37	.397		51.78		5.30
RADIOLOGY	64	85		5 <b>,</b> 971.72		70.26	.093		93.31		6.51
ROOM USE	134	161		6,395.51		39.72	.175		47.73		6.97
CROSSOVERS/ALL OTH OUTPINT	69	126		2,205.01		17.50	.137		31.96		2.40
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	۲	.00	Y	.00	.000	٧	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	Ċ	.00	Ċ	.00
LEV A-INTERMEDIATE	0	0	۲	.00	ې	.00	.000	۲	.00	۲	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-REHAD MD  LEV B-SUBACUTE FREESTANDING	-	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
	0	0	ċ	.00	Ċ			ċ	.00	ċ	
@INTERMEDIATE CARE FACILDD	0	0	\$		\$	.00	.000	Þ		Þ	.00
ICF DDH	0			.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	ć	.00	ć	.00	.000	ć	.00	<u>_</u>	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	Þ	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	ć	.00	ć	.00	.000	ć	.00	<u>_</u>	.00
@REHABILITATION FACILITY	0	•	\$	.00	\$	.00	.000	\$	.00	Þ	.00
HOSPITAL BASED		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0 14	0 36	Ċ	.00	Ċ	.00	.000	ċ	.00	ċ	.00
@LABORATORY FACILITY			\$	583.75	\$	16.22	.039	Þ	41.70	Ş	.64
PATHOLOGY	14 0	36		583.75		16.22	.039		41.70		.64
XO AND OTHERS	435	0	\$	.00	Ċ	.00	.000	ċ	.00	ċ	.00
@ORGANIZED OUTPATIENT CLINIC CLINIC	13	663 54	ې	82,706.75 1,717.06	ې	124.75 31.80	.722	ş	190.13 132.08	ې	90.09 1.87
SURGICENTER	2	15		527.02		35.13	.016		263.51		.57
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	422	594		80,462.67		135.46	.647		190.67		87.65
#CALIF DEPT OF HEALTH SERV			DEC MO	NTH-OF-PAYMENT RE	Z D O D T			DEC		D	AGE 5,416
MOP024	FEE-FOR-SERVICE		KES MO	NIH-OF-FAIMENI KE	FORI	. FOR JAN .	2004 IRO	DEC	2004	F.	03/14/05
LAKE COUNTY			C CACE	S IN PA-FAMILIES		AID CODE	3.0				03/14/03
DAKE COONII	SOMMAN OF SERV	ICES FOR EDWARD	o CASE	S IN TA PARILLES		AID CODE	N	(ONT)	HIY AVERA	GE.	
918 ELIGIBLES	USERS	UNITS OF SERVIC	F.	EXPENDITURES	AVE	RAGE COST					COST PER
JIO EDIGIDADO	ODLIND	OR DAYS OF CAR		EXIENDITORES		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	56		\$	6,535.18		17.43			116.70		
DURABLE MED. EQUIP.	1	1	т	41.53	т	41.53		т	41.53	т	.05
BLOOD BANK	0	0		.00		.00			.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	19	273		4,695.72		17.20	.297		247.14		5.12
	± 2	2,3		1,000.72		20	• 2 3 7				V • ± ±

AMBULANCES/AIR TRANS	19	272	2 <b>,</b> 895.72	10.65	.296	152.41	3.15
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	1.96
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	14	32	251.74	7.87	.035	17.98	.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	4	724.38	181.10	.004	724.38	.79
PROSTHETICS	1	4	724.38	181.10	.004	724.38	.79
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	21	65	821.81	12.64	.071	39.13	.90
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1 \$	202.20	\$ 202.20	.001	\$ 202.20	\$ .22
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,417 MOP024 FEE-FOR-SERVICE/DENTAL

LAKE COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

					MO	NTHLY AVERA	GE
150 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	78	463 \$	27 <b>,</b> 149.57	\$ 58.64	3.087	\$ 348.07	\$ 181.00
@PHYSICIANS SERVICES	30	108 \$	5,505.12	\$ 50.97	.720	\$ 183.50	\$ 36.70
OUTPATIENT VISITS	17	21	907.09	43.19	.140	53.36	6.05
OFFICE VISITS	8	10	280.70	28.07	.067	35.09	1.87
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	9	587.99	65.33	.060	73.50	3.92
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	38.40	19.20	.013	19.20	.26
INPATIENT VISITS	2	22	1,328.42	60.38	.147	664.21	8.86
HOSPITAL VISITS	2	22	1,328.42	60.38	.147	664.21	8.86
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	154.35	38.59	.027	38.59	1.03
EXAMINATIONS	4	4	154.35	38.59	.027	38.59	1.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	10	2,059.94	205.99	.067	411.99	13.73
PRINCIPAL SURGEON	4	5	1,873.61	374.72	.033	468.40	12.49

03/14/05

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	5		186.33		37.27	.033		186.33		1.24
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	21		31.73		1.51	.140		31.73		.21
RADIOLOGY	9	16		483.00		30.19	.107		53.67		3.22
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	5	14		540.59		38.61	.093		108.12		3.60
@PHARMACY	44	107	\$	11,944.32	\$	111.63	.713	\$	271.46	\$	79.63
PRESCRIPTION DRUGS	44	107		11,944.32		111.63	.713		271.46		79.63
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	4 4	107		11,944.32		111.63	.713		271.46		79.63
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDIT	URES MONTH	H-OF-PAYMENT RE	EPOR:	r for jan 200	4 THRU	DEC	2004	PAC	•
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	SSI A	PPEAL/NLDC	C IN PA-DISABLE	ED A	ID CODES 6N 6	P				

						M	ONT	THLY AVERA	GΕ	
150 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	4	\$ 90.30	\$	22.58	.027	\$	90.30	\$	.60
DIAGNOSTIC AND ANC. PROCED	1	1	47.45		47.45	.007		47.45		.32
EYE APPLIANCES	1	3	42.85		14.28	.020		42.85		.29
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	22	128	\$ 3,439.03	\$	26.87	.853	\$	156.32	\$	22.93
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	22	128	3,439.03	26.87	.853	156.32	22.93
MEDICAL	4	9	176.85	19.65	.060	44.21	1.18
SURGERY	2	2	271.50	135.75	.013	135.75	1.81
PATHOLOGY	9	72	693.39	9.63	.480	77.04	4.62
RADIOLOGY	7	14	1,413.36	100.95	.093	201.91	9.42
ROOM USE	13	16	695.01	43.44	.107	53.46	4.63
CROSSOVERS/ALL OTH OUTPINT	7	15	188.92	12.59	.100	26.99	1.26
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES 1	MONTH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU D	DEC 2004	PAGE 5,419

MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P 03/14/05

IIIILI COOMII	BOTHLING OF BENVE		NEDC IN III DIGIDE	LD MID CODED OF	MONT	UIV AUEDA	CE	
150 FITCIBLES	HEEDE	INITE OF SERVICE	EXPENDITURES	ATTEDACE COGE				ST PER
150 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL  COMM HOSP INPATIENT TOTAL  HSC HOSPITALS	OSEKS	OD DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER		JGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	22	128 ¢	3 130 03	PER UNIT/DAY \$ 26.87 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	823 ¢	156 22	ح	
COMM HOSD INDATTENT TOTAL	0	120 7	3,439.03	20.07	.000 9	.00	Ÿ	.00
UCC UCCDITATO	0	0	.00	.00	000	.00		.00
NON-USC HOSDITATS TOTAL	0	0 0 0 0 0 0 0 0	.00	.00	000	.00		.00
NON-NSC NOSFITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODALIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DATS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00		
ALL OTHER ACCOM	U	0	.00	.00	.000	.00		.00
ANCILLARIES	U	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0 0 0 0 0 22	0	.00	.00	.000	.00 .00 .00 156.32 44.21 135.75		.00
ALL OTHER INPATIENT	0	0	.00 3,439.03	.00	.000	.00		.00 22.93
COMM HOSP OUTPATIENT TOTAL	22	128	3,439.03	26.87	.853	156.32		22.93
MEDICAL	4	9	176.85	19.65	.060	44.21		1.18
SURGERY	2	2	271.50	135.75	.013	135.75		1.81
PATHOLOGY	9	72	693.39	9.63	.480			4.62
RADIOLOGY	7	14	1,413.36	100.95	.093	201.91 53.46		9.42
SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	13	128 9 2 72 14 16 15 0 \$	695.01	43.44	.107			4.63
CROSSOVERS/ALL OTH OUTPTNT	7	15	188.92	12.59	.100	26.99		1.26
	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00 \$ .00	.000	.00		.00
@NURSING FACILITY	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00	\$ .00	.000 \$	.00	\$	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	0	0	.00	.00	.000 .000 .000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	Ś	.00
HOSPITAL BASED	0	0	.00	.00	.000			.00
INDEPENDENT FACILITY	0	0	.00		.000	.00		.00
@LABORATORY FACILITY	4	0 0 17 \$ 17 0 48 \$		\$ 15.56	.113 \$		Ś	1.76
PATHOLOGY	4	17	264.52	15.56	.113			1.76
YO AND OTHERS	0	0	.00	.00	.000			.00
AORGANIZED OUTPATTENT CLINIC	32	48 \$				163.00		
CLINIC	0	0		.00		.00		.00
SURGICENTER	0	0	.00	00	000	00		.00
			.00	.00	000	.00		
DIDAT DEALTH CITATO	3.2	18	5 216 06	108 67	320	163 00		3/1 77
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S YNU EADENULLIDES	MONTH-OF-DAVMENT D	FDORT FOR JAM (	.320 2004 THRII DEC	2004	DAC	27.77 2F 5 420
MOP024	FEE-FOR-SERVICE	DENUAT.	FIGHTII OF FAIRBINI K	LICINI FOR UAN 2	TOOT THEO DEC	2007	TAG	03/14/05
LAKE COUNTY		DENTAL CES FOR SSI APPEAL	/NIDC IN DA-DICARI	ED AID CODES SM	J 6P			03/14/03
TITLE COOMIT	COLITAINT OF SERVI	CLO FOR DOI AFFEAL	, NEDC IN FA DISABL	TO VID COURD OF	MONT	HIV MUDDA	GF	
150 817618180	Hanna			ATTERNACE COOR				

150 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	8	51 \$	690.22	\$ 13.53	.340 \$	86.28	\$ 4.60
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	37	506.95	13.70	.247	168.98	3.38
AMBULANCES/AIR TRANS	3	37	506.95	13.70	.247	168.98	3.38
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	4	40.66	10.17	.027	40.66	.27
PHYSICAL THERAPIST	1	2	51.88	25.94	.013	51.88	.35
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	8	90.73	11.34	.053	30.24	.60
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	7	36 \$	3,696.48	\$ 102.68	.240 \$	528.07	\$ 24.64
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	U AC A CEDADAME	U Ş	.00	٥٠.00	.000 \$	.00	٠.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,421 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 LAKE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

LINE COUNTI	DOLLINI OF DELL	A T C T D T O I C T T T T O C T T D T D	11000 111 111 11000	1110 CODI			
					MON	NTHLY AVERA	GE
177 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	167	3 <b>,</b> 668 \$	175,780.43	\$ 47.92	20.723	\$ 1052.58	\$ 993.11
@PHYSICIANS SERVICES	26	406 \$	3,823.52	\$ 9.42	2.294	\$ 147.06	\$ 21.60
OUTPATIENT VISITS	2	4	193.58	48.40	.023	96.79	1.09
OFFICE VISITS	2	3	85.50	28.50	.017	42.75	.48
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.006	108.08	.61
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	5	41	2,263.91	55.22	.232	452.78	12.79
HOSPITAL VISITS	4	31	1,110.61	35.83	.175	277.65	6.27
CRITICAL CARE	2	10	1,153.30	115.33	.056	576.65	6.52
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	1	2		243.11	121.56	.011	243.11		1.37
PRINCIPAL SURGEON	1	2		243.11	121.56	.011	243.11		1.37
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	2	2		174.99	87.50	.011	87.50		.99
PRINCIPAL SURGEON	2	2		174.99	87.50	.011	87.50		.99
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	1	6		107.71	17.95	.034	107.71		.61
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	22	351		840.22	2.39	1.983	38.19		4.75
@PHARMACY	105	1,572	\$	24,667.92	\$ 15.69	8.881	\$ 234.93	\$	139.37
PRESCRIPTION DRUGS	102	457		23,986.14	52.49	2.582	235.16		135.51
SNF/ICF	34	228		10,886.63	47.75	1.288	320.20		61.51
OUTPATIENTS	68	229		13,099.51	57.20	1.294	192.64		74.01
MEDICAL SUPPLIES	7	1,115		681.78	.61	6.299	97.40		3.85
@DENTIST	1	1	\$	25.00	\$ 25.00	.006	\$ 25.00	\$	.14
VISITS - DIAGNOSTIC	1	1		25.00	25.00	.006	25.00		.14
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES MO	NTH-OF-PAYMENT REF	PORT FOR JAN	2004 THRU	DEC 2004		E 5,422
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	AGED IN PA-AGED	AID COI				
177 FLICTRING	Hanna IIII a						MONTHLY AVERA	AGE	

177 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	ERAGE COST	UNITS/DAY PER ELIG	-	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	8	\$ 158.44	\$ 19.81		\$	39.61	\$ .90
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	3	6	102.98	17.16	.034		34.33	.58
OTHER OPTOMETRIC SERVICES	1	2	55.46	27.73	.011		55.46	.31
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	3	7	\$ 81.40	\$ 11.63	.040	\$	27.13	\$ .46
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	3	7	81.40	11.63	.040		27.13	.46
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.011	\$	104.99	\$ .59
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	.00	\$	.00
@TOTAL HOSPITAL	23	184	\$	11,186.19	\$ 60.79	1.040	486.36	\$	63.20
HOSP INPATIENT TOTAL	2	4		9,000.35	2250.09	.023	4500.18		50.85
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	1	4		8,124.35	2031.09	.023	8124.35		45.90
ACCOMMODATIONS	1	4		2,268.00	567.00	.023	2268.00		12.81
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	4		2,268.00	567.00	.023	2268.00		12.81
ANCILLARIES	1	0		5,856.35	.00	.000	5856.35		33.09
INPATIENT CROSSOVERS	1	0		876.00	.00	.000	876.00		4.95
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	22	180		2,185.84	12.14	1.017	99.36		12.35
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	7		26.98	3.85	.040	26.98		.15
RADIOLOGY	1	1		25.06	25.06	.006	25.06		.14
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	21	172		2,133.80	12.41	.972	101.61		12.06
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000		\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITUR	ES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DE	EC 2004	PA	GE 5,423
MOP024	FEE-FOR-SERVICE/DENT	'AL							03/14/05
LAKE COUNTY	SUMMARY OF SERVICES	FOR CRAIG C	ASES-	AGED IN PA-AGED	AID COD				
						MON			
177 ELIGIBLES		S OF SERVICE		EXPENDITURES	AVERAGE COST				OST PER
		DAYS OF CARE			PER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	23	184	\$	11,186.19	\$ 60.79		486.36	\$	63.20
COMM HOSP INPATIENT TOTAL	2	4		9,000.35	2250.09	.023	4500.18		50.85
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	1	4		8,124.35	2031.09	.023	8124.35		45.90
ACCOMMODATIONS	1	4		2,268.00	567.00	.023	2268.00		12.81
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	4		2,268.00	567.00	.023	2268.00		12.81
ANCILLARIES	1	0		5,856.35	.00	.000	5856.35		33.09
INPATIENT CROSSOVERS	1	0		876.00	.00	.000	876.00		4.95
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	22	180		2,185.84	12.14	1.017	99.36		12.35
MEDICAL	0	0		.00	.00	.000	.00		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	7	26.98	3.85	.040	26.98	.15
RADIOLOGY	1	1	25.06	25.06	.006	25.06	.14
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	21	172	2,133.80	12.41	.972	101.61	12.06
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	43	892	\$ 123,770.12	\$ 138.76	5.040	\$ 2878.37	\$ 699.27
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	43	892	123,770.12	138.76	5.040	2878.37	699.27
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$ 353.10	\$ 353.10	.006	\$ 353.10	\$ 1.99
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1	353.10	353.10	.006	353.10	1.99
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	24	38	\$ 3,054.92	\$ 80.39	.215	\$ 127.29	\$ 17.26
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 24 38 3,054.92 80.39 .215 127.29 17.26 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,424

03/14/05

FEE-FOR-SERVICE/DENTAL LAKE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

LAKE COUNTI	SUMMARI OF SERVICE	S FOR CRAIG CASE.	S- AGED IN PA-AGED	AID COD	r lr		
					MON	ITHLY AVERA	GE
177 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	C	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	33	557 \$	8,554.83	\$ 15.36	3.147	259.24	\$ 48.33
DURABLE MED. EQUIP.	5	45	1,723.67	38.30	.254	344.73	9.74
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	35	480.57	13.73	.198	80.10	2.72
AMBULANCES/AIR TRANS	3	19	408.17	21.48	.107	136.06	2.31
OTHER TRANS	4	12	58.08	4.84	.068	14.52	.33
OTHER SERVICES	1	4	14.32	3.58	.023	14.32	.08
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	41	2,852.78	69.58	.232	2852.78	16.12
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	7	19	2,246.39	118.23	.107	320.91	12.69
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	9	157.53	17.50	.051	39.38	.89
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	6	755.65	125.94	.034	755.65	4.27
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	402	338.24	.84	2.271	30.75	1.91
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000	.00	\$ .00
@XOVER EXCLUDING STATE HOSP*	* 52	816 \$	19,249.44	\$ 23.59	4.610	370.18	\$ 108.75
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPARATE	INFORMATION ITEM	ONLY;				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,425 MOP024 03/14/05 FEE-FOR-SERVICE/DENTAL LAKE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

EINCE COONTI	DOLLINICA OF DELICAT	LCDD LOIK	CIGITO	7110110	DUTIND IN IN DUTIN	· D	TILD CODE	1 2 11				
								MO	TINC	HLY AVERA	GΕ	
21 ELIGIBLES	USERS	UNITS OF	SERVICE	3	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	3 (	COST PER		COST PER
		OR DAYS	OF CARE	3		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	15		445	\$	3,612.14	\$	8.12	21.190	\$	240.81	\$	172.01
@PHYSICIANS SERVICES	2		2	\$	55.60	\$	27.80	.095	\$	27.80	\$	2.65
OUTPATIENT VISITS	2		2		55.60		27.80	.095		27.80		2.65
OFFICE VISITS	2		2		55.60		27.80	.095		27.80		2.65
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	0		0		0.0		0.0	0.00		0.0		0.0
HOSPITAL VISITS	U		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	U		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00		.00
@PHARMACY	9		431	\$	3,181.84	\$	7.38	20.524	\$	353.54	\$	151.52
PRESCRIPTION DRUGS	7		19		1,545.80	·	81.36	.905		220.83		73.61
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	7		19		1,545.80		81.36	.905		220.83		73.61
MEDICAL SUPPLIES	6		412		1,636.04		3.97	19.619		272.67		77.91
@DENTIST	0		0	\$	.00	Ś	.00	.000	\$	.00	Ś	.00
VISITS - DIAGNOSTIC	0		0	7	.00	7	.00	.000	7	.00	-	.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•	IC AND EX	-	DO MO		- DOD III			DEC		DI	
			PENDITUE	KES MC	NTH-OF-PAYMENT RE	LPORT	FOR JAN 2	2004 THRU	DEC	2004	PF	AGE 5,426
MOP024	FEE-FOR-SERVICE		CDATC C	NA GEG		.ID	7 TD 00DI	. 00				03/14/05
LAKE COUNTY	SUMMAKI OF SERV.	LCES FOR	CKAIG (	ASES-	BLIND IN PA-BLIN	עא	AID CODE			11 1/ 7/17/7	CE	
21 ELIGIBLES	HOEDO	IINITEC OF	CEDITA	,	EADEMDIMIDEO	71 7 7	DACE COCE	M			-	
ZI ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY		COST PER		COST PER
A O DECMEED T CE	^	OK DAYS	OF CARE		0.0		UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00

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DIAGNOSTIC AND ANC. PROCED

OTHER OPTOMETRIC SERVICES

EYE APPLIANCES

OTHER SERVICES

SURGERY/ANES.

MEDICINE/INJECTIONS

@CHIROPRACTOR

VISITS

@PODIATRIST

DADIO /DAMIOLOGY	0	0	.00	0.0	000	.00	0.0
RADIO./PATHOLOGY	0			.00	.000		.00
OTHER		0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	·
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0					
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	U	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
		ES AND EXPENDITURES I					PAGE 5,427
MOP024	FEE-FOR-SERVICE		TONIII OF TATRENT IN	STORT FOR OAR .	ZUU4 IIIKU DEK	2 2004	03/14/05
LAKE COUNTY		ICES FOR CRAIG CASES	C DITNO IN DA DITN	ND AID COD	E 2E		03/14/03
DAKE COUNTI	SOMMANI OF SERV	ICES FOR CRAIG CASE.	BELIND IN FA BELL	ND AID COD	MON'	תמשוא עדעי	CF
21 ELIGIBLES	HCEDC	UNITS OF SERVICE	EADENDIMIDEC	AVERAGE COST			COST PER
ZI ELIGIBLES	USERS		EXPENDITURES				
OCCUMUNITELY HOODIERS ENGRAL	0	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	(		.00		.00	.000		.00		.00
ANCILLARIES	0	(	)	.00	)	.00	.000	)	.00		.00
INPATIENT CROSSOVERS	0	(	)	.00	)	.00	.000	)	.00		.00
ALL OTHER INPATIENT	0	(	)	.00	)	.00	.000	)	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	(	)	.00	)	.00	.000	)	.00		.00
MEDICAL	0	(	)	.00		.00	.000		.00		.00
SURGERY	0	(	, )	.00		.00	.000		.00		.00
PATHOLOGY	0	(	, )	.00		.00	.000		.00		.00
	0	(	) )	.00		.00	.000		.00		.00
RADIOLOGY	0	(	) \								
ROOM USE	U	(		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	Ü	(		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	(		.00		.00	.000		.00	Ş	.00
MENTALLY ILL	0	(	)	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	(	)	.00	)	.00	.000	)	.00		.00
@NURSING FACILITY	0	(	) \$	.00	) \$	.00	.000	) \$	.00	\$	.00
LEV A-INTERMEDIATE	0	(	)	.00	)	.00	.000	)	.00		.00
LEV B-REHAB MD	0	(	)	.00	)	.00	.000	)	.00		.00
LEV B-SUBACUTE FREESTANDING	0	(	)	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	(	, )	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	(		.00		.00	.000		.00		.00
	0	(									
LEV B-REGULAR	0			.00		.00	.000		.00	Ċ	.00
@INTERMEDIATE CARE FACILDD	U	(		.00		.00	.000		.00	\$	.00
ICF DDH	Ü	(	•	.00		.00	.000		.00		.00
ICF DD	0	(		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	(		.00	)	.00	.000	)	.00		.00
@HEMODIALYSIS TOTAL	0	(	) \$	.00	) \$	.00	.000	) \$	.00	\$	.00
HOSPITAL BASED	0	(	)	.00	)	.00	.000	)	.00		.00
HEMODIALYSIS CENTER	0	(	)	.00	)	.00	.000	)	.00		.00
@REHABILITATION FACILITY	0	(	) \$	.00	) \$	.00	.000	) \$	.00	\$	.00
HOSPITAL BASED	0	(	)	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	(		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		, ) \$	.00		.00	.000		.00	Ċ	.00
PATHOLOGY	0	(	)	.00		.00	.000		.00	Ą	.00
	0	(	)								
XO AND OTHERS	0	(		.00		.00	.000		.00	<u>^</u>	.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$	201.69		100.85	.095			\$	9.60
CLINIC	Ü	(	)	.00		.00	.000		.00		.00
SURGICENTER	0	(	)	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	(	)	.00	)	.00	.000	)	.00		.00
RURAL HEALTH CLINIC	1	2	2	201.69	)	100.85	.095	5	201.69		9.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPEND	TURES MO	ONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	J DEC	2004	PI	AGE 5,428
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
LAKE COUNTY	SUMMARY OF SERV	ICES FOR CRAI	G CASES-	- BLIND IN PA-BL	IND	AID COD	E 2E				
								MONT	HLY AVERA	GE -	
21 ELIGIBLES	USERS	UNITS OF SERV	/ICE	EXPENDITURES	AVE	RAGE COST	UNITS/DA	AYS (	COST PER	(	COST PER
		OR DAYS OF (				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	4	10		173.01		17.30		5 \$	43.25		8.24
DURABLE MED. EQUIP.	0	(		.00		.00	.000		.00	Y	.00
BLOOD BANK	0	(		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	(	)	.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	U	(	)	.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	(	•	.00		.00	.000		.00		.00
OTHER TRANS	0	(		.00		.00	.000		.00		.00
OTHER SERVICES	0	(	)	.00	)	.00	.000	)	.00		.00
ACUPUNCTURE	4	10	)	173.01	-	17.30	.476	5	43.25		8.24
ADULT DAY HEALTH CARE CTR	0	(	)	.00	)	.00	.000	)	.00		.00
GENETIC DISEASE TESTING	0	(		.00		.00	.000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	5	312	\$	1,630.22	\$ 5.23	14.857	\$ 326.04	\$ 77.63

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,429
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

----- MONTHLY AVERAGE -----973 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 746 6,337 \$ 6.513 \$ 535.47 \$ 410.55 @TOTAL, ALL PROVIDERS 399,463.74 \$ 63.04 12,536.94 \$ @PHYSICIANS SERVICES 150 397 31.58 .408 \$ 83.58 \$ 12.88 76 66.76 OUTPATIENT VISITS 51 3,404.63 44.80 .078 3.50 30 33 40.86 .034 44.95 1.39 OFFICE VISITS 1,348.51

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	23	28	1,802.55	64.38	.029	78.37	1.85
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	15	253.57	16.90	.015	126.79	.26
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	7	286.95	40.99	.007	143.48	.29
HOSPITAL VISITS	2	6	154.28	25.71	.006	77.14	.16
CRITICAL CARE	1	1	132.67	132.67	.001	132.67	.14
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	4	108.90	27.23	.004	27.23	.11
EXAMINATIONS	4	4	108.90	27.23	.004	27.23	.11
SERVICES AND MATERIALS	0	0					.00
	0	13	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	2		938.92	72.22	.013	469.46	.96
PRINCIPAL SURGEON	2	2	746.84	373.42	.002	373.42	.77
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	11	192.08	17.46	.011	192.08	.20
OUTPATIENT SURGERY	9	9	2,500.28	277.81	.009	277.81	2.57
PRINCIPAL SURGEON	9	9	2,500.28	277.81	.009	277.81	2.57
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	1	2	12.68	6.34	.002	12.68	.01
PATHOLOGY	6	8	175.65	21.96	.008	29.28	.18
RADIOLOGY	46	71	2,133.39	30.05	.073	46.38	2.19
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	46	54.46	1.18	.047	54.46	.06
OTHER SERVICES/ALL X-OVERS	70	161	2,921.08	18.14	.165	41.73	3.00
@PHARMACY	479	3,291 \$	176,841.11	\$ 53.73	3.382 \$		
PRESCRIPTION DRUGS	458	1,817	169,312.45	93.18	1.867	369.68	174.01
SNF/ICF	23	211	37,404.65	177.27	.217	1626.29	38.44
OUTPATIENTS	437	1,606	131,907.80	82.13	1.651	301.85	135.57
	43 <i>1</i> 56	1,474		5.11	1.515	134.44	7.74
MEDICAL SUPPLIES		•	7,528.66				
@DENTIST	30	164 \$	5,492.50	\$ 33.49	.169 \$		
VISITS - DIAGNOSTIC	22	100	783.50	7.84	.103	35.61	.81
ORAL SURGERY	8	39	1,806.00	46.31	.040	225.75	1.86
DRUGS	1	1	.00	.00	.001	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	260.00	260.00	.001	260.00	.27
RESTORATIVE DENTISTRY	7	18	1,528.00	84.89	.018	218.29	1.57
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	965.00	321.67	.003	482.50	.99
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	2	150.00	75.00	.002	150.00	.15
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV							PAGE 5,430
	FEE-FOR-SERVICE		01,111 01 11111111111111111111111111111		2001 111110 22	0 2001	03/14/05
		ICES FOR CRAIG CASES	- DISABLED IN PA-	DISABLED AID CO	DE 6E		00/11/00
HIND COUNTY	SOLUTION OF SERV	1010 1011 011110 011010		DIGNELLD HID O	MON'	THLY AVERA	GE
973 ELIGIBLES	USERS	UNITS OF SERVICE	FYDFNDTTIBES	AVERAGE COST			
975 EDIGIDDES	OSERS	OR DAYS OF CARE	EXTENDITORES	PER UNIT/DAY			ELIGIBLE
@OPTOMETRIST	14	45 \$	886.35				
DIAGNOSTIC AND ANC. PROCED	6	45 ş 6	276.69	46.12		46.12	.28
		38	587.04				.60
EYE APPLIANCES OTHER OPTOMETRIC SERVICES	13 1	1	22.62	22.62		45.16 22.62	.02
OIRER OFTOMETRIC SERVICES	Τ	Τ	22.02	22.02	.001	22.02	. U Z

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
VISITS	0	Ö	Ψ.	.00	τ	.00	.000	т	.00	Τ.	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	2	\$	38.61	\$	19.31	.002	Ś	38.61	Ś	.04
MEDICINE/INJECTIONS	0	0	Ψ.	.00	τ	.00	.000	Τ.	.00	Τ.	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	2		38.61		19.31	.002		38.61		.04
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
NURSE ANESTHESIST	1	9	\$	147.89	\$	16.43	.009		147.89		.15
NURSE MIDWIFE	0	0	\$	.00	\$	.00		\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	•	0	\$	.00	\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$	.00	.000	\$	.00		.00
@TOTAL HOSPITAL	156	1,144	Ś	98,112.84		85.76	1.176		628.93		100.84
HOSP INPATIENT TOTAL	14	28	-	73,390.26	-	2621.08	.029	7	5242.16	т.	75.43
HSC HOSPITALS	1	2		3,120.00		1560.00	.002		3120.00		3.21
NON-HSC HOSPITAL TOTAL	6	26		54,178.51		2083.79	.027		9029.75		55.68
ACCOMMODATIONS	6	26		24,749.10		951.89	.027		4124.85		25.44
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	26		24,749.10		951.89	.027		4124.85		25.44
ANCILLARIES	6	0		29,429.41		.00	.000		4904.90		30.25
INPATIENT CROSSOVERS	7	0		16,091.75		.00	.000		2298.82		16.54
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	146	1,116		24,722.58		22.15	1.147		169.33		25.41
MEDICAL	28	50		4,036.18		80.72	.051		144.15		4.15
SURGERY	3	3		209.07		69.69	.003		69.69		.21
PATHOLOGY	45	156		2,153.21		13.80	.160		47.85		2.21
RADIOLOGY	30	43		4,297.64		99.95	.044		143.25		4.42
ROOM USE	28	41		1,817.21		44.32	.042		64.90		1.87
CROSSOVERS/ALL OTH OUTPINT		823		12,209.27		14.84	.846		138.74		12.55
@COUNTY HOSPITAL TOTAL	5	17	\$	12,140.72	\$	714.16	.017	\$	2428.14	\$	12.48
CO HOSPITAL INPATIENT TOTAL	2	0		11,747.75		.00	.000		5873.88		12.07
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	0		11,747.75		.00	.000		5873.88		12.07
ALL OTHER INPATIENT	0 5	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL		17		392.97		23.12	.017		78.59		.40
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0				.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT		17		.00 392.97		23.12	.017		78.59		.40
			SEC V	J92.97 MONTH-OF-PAYMENT R							AGE 5,431
MOP024	FEE-FOR-SERVICE		(E) I	TONIII OF FAIMENT N	TE OI	I FOR UAN 2	2004 11110	טבע	2004	E	03/14/05
LAKE COUNTY		•	ASES	S- DISABLED IN PA-	DISA	BLED ATD CO	ODE 6E				03/14/03
21112 0001111	COLUMNIC OF DELLA	. 1010 1010 014110 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, DIGIDDED IN IA	JIUA		M	ОИТ	HLY AVERA	GE ·	
973 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AV	ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	151	1,127		85,972.12	\$		1.158				88.36
· <del>-</del>		•		-,							

COMM HOSP INPATIENT TOTAL	12	28		61,642.51		2201.52	.029		5136.88		63.35
HSC HOSPITALS	1	2		3,120.00		1560.00	.002		3120.00		3.21
NON-HSC HOSPITALS TOTAL	6	26		54,178.51		2083.79	.027		9029.75		55.68
ACCOMMODATIONS	6	26		24,749.10		951.89	.027		4124.85		25.44
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	26		24,749.10		951.89	.027		4124.85		25.44
ANCILLARIES	6	0		29,429.41		.00	.000		4904.90		30.25
INPATIENT CROSSOVERS	5	0		4,344.00		.00	.000		868.80		4.46
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	141	1,099		24,329.61		22.14	1.129		172.55		25.00
MEDICAL	28	50		4,036.18		80.72	.051		144.15		4.15
SURGERY	3	3		209.07		69.69	.003		69.69		.21
PATHOLOGY	45	156		2,153.21		13.80	.160		47.85		2.21
RADIOLOGY	30	43		4,297.64		99.95	.044		143.25		4.42
ROOM USE	28	41		1,817.21		44.32	.042		64.90		1.87
CROSSOVERS/ALL OTH OUTPTNT	83	806		11,816.30		14.66	.828		142.37		12.14
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	19	449	\$	57,297.34	\$	127.61	.461	\$	3015.65	\$	58.89
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	19	449		57 <b>,</b> 297.34		127.61	.461		3015.65		58.89
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	26	\$	345.90	\$	13.30	.027	\$	49.41	\$	.36
PATHOLOGY	7	26		345.90		13.30	.027		49.41		.36
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	254	436	\$	41,576.15	\$	95.36	.448	\$	163.69	\$	42.73
CLINIC	3	4		148.33		37.08	.004		49.44		.15
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	251	432		41,427.82		95.90	.444		165.05		42.58
#CALIF DEPT OF HEALTH SERV			JRES N	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 5,432
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
LAKE COUNTY	SUMMARY OF SERV	JICES FOR CRAIG	CASES	S- DISABLED IN PA-	DISAE	BLED AID CO	DDE 6E				
							M			GΕ	
973 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAP			PER	R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	82		\$	6,188.11	\$		.384	\$		\$	6.36
DURABLE MED. EQUIP.	9	15		2,279.66		151.98	.015		253.30		2.34
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	18	223		1,339.70		6.01	.229		74.43		1.38

AMBULANCES/AIR TRANS	7	30	678.85	22.63	.031	96.98	.70
OTHER TRANS	9	160	576.32	3.60	.164	64.04	.59
OTHER SERVICES	2	33	84.53	2.56	.034	42.27	.09
ACUPUNCTURE	4	8	140.57	17.57	.008	35.14	.14
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	2	6	988.90	164.82	.006	494.45	1.02
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	41	420.52	10.26	.042	23.36	.43
PHYSICAL THERAPIST	2	6	84.15	14.03	.006	42.08	.09
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	40	588.05	14.70	.041	58.81	.60
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	20	35	346.56	9.90	.036	17.33	.36
@CALIF. CHILDREN SERVICES*	3	52	\$ •	\$ 75.10			
@XOVER EXCLUDING STATE HOSP**	130	1,128	\$ 30,862.12	\$ 27.36	1.159	\$ 237.40	\$ 31.72

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,433
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----1,171 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 928 8.924 \$ 10,450 \$ 578,856.31 \$ 55.39 623.77 \$ 494.33 @TOTAL, ALL PROVIDERS 178 55 @PHYSICIANS SERVICES 805 16,416.06 \$ 20.39 .687 \$ 92.23 \$ 14.02 82 OUTPATIENT VISITS 3,653.81 44.56 .070 66.43 3.12 38 .025 .00 .000 6.90 .013 .00 .000 53.14 .04 34.19 .0 34 38 1,489.61 39.20 .032 43.81 OFFICE VISITS 0 .00 0 .00 HOME VISITS .00 29 24 1,910.63 65.88 EMERGENCY ROOM 79.61 1.63 0 0 .00 .00 .00 PREVENTIVE CARE 2 15 253.57 126.79 .22 OB VISITS/COMPRE PERI OTHER OUTPATIENT 0 .00 .00 .00 48 2,550.86 364.41 INPATIENT VISITS 210.82 HOSPITAL VISITS 37 1,264.89 1.08 11 CRITICAL CARE 1,285.97 428.66 1.10 SNF/ICF/TRANS IP CARE 0 .00 .00 27.23 27.23 OPHTHALMOLOGICAL SERVICES 4 108.90 .003 .09 4 108.90 27.23 27.23 EXAMINATIONS .003 .09 .00 0 .00 .000 .00 SERVICES AND MATERIALS .00 1,182.03 394.01 INPATIENT HOSPITAL SURGERY 15 78.80 .013 1.01 4 989.95 247.49 .003 329.98 PRINCIPAL SURGEON .85 .00 .00 .000 .00 .00 ASSISTANT SURGEON 1 11 17.46 192.08 ANESTHESIOLOGIST 192.08 .009 .16 11 2,675.27 243.21 OUTPATIENT SURGERY 11 .009 243.21 2.28 PRINCIPAL SURGEON 2,675.27 243.21 .009 243.21 2.28

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	1	2		12.68		6.34	.002		12.68		.01
PATHOLOGY	6	8		175.65		21.96	.007		29.28		.15
RADIOLOGY	47	77		2,241.10		29.11	.066		47.68		1.91
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	46		54.46		1.18	.039		54.46		.05
OTHER SERVICES/ALL X-OVERS	92	512		3,761.30		7.35	.437		40.88		3.21
@PHARMACY	593	5,294	\$	204,690.87	\$	38.66	4.521	\$	345.18	\$	174.80
PRESCRIPTION DRUGS	567	2,293		194,844.39		84.97	1.958		343.64		166.39
SNF/ICF	57	439		48,291.28		L10.00	.375		847.22		41.24
OUTPATIENTS	512	1,854		146,553.11		79.05	1.583		286.24		125.15
MEDICAL SUPPLIES	69	3,001		9,846.48		3.28	2.563		142.70		8.41
@DENTIST	31	165	\$	5,517.50	\$	33.44	.141	\$	177.98	\$	4.71
VISITS - DIAGNOSTIC	23	101		808.50		8.00	.086		35.15		.69
ORAL SURGERY	8	39		1,806.00		46.31	.033		225.75		1.54
DRUGS	1	1		.00		.00	.001		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		260.00	4	260.00	.001		260.00		.22
RESTORATIVE DENTISTRY	7	18		1,528.00		84.89	.015		218.29		1.30
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	3		965.00		321.67	.003		482.50		.82
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	2		150.00		75.00	.002		150.00		.13
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES MO	NTH-OF-PAYMENT RE	EPORT 1	FOR JAN	2004 THRU	DEC	2004	PF	GE 5,434
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FO	R CRAIG	CASES-	TOTAL IN PA-TOTA	AL						

----- MONTHLY AVERAGE -----

1,171 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	18	53 \$	1,044.79	\$ 19.71	.045 \$	58.04	\$ .89
DIAGNOSTIC AND ANC. PROCED	6	6	276.69	46.12	.005	46.12	.24
EYE APPLIANCES	16	44	690.02	15.68	.038	43.13	.59
OTHER OPTOMETRIC SERVICES	2	3	78.08	26.03	.003	39.04	.07
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00	
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	Û	0	.00	.00	.000	.00	.00
@PODIATRIST	4	9 \$	120.01	\$ 13.33	.008 \$		
MEDICINE/INJECTIONS	Ô	0	.00	.00	.000	.00	.00
SURGERY/ANES.	Û	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	9	120.01	13.33	.008	30.00	.10
@HOME HEALTH AGENCY	1	2 \$	104.99	\$ 52.50	.002 \$		\$ .09
NURSE ANESTHESIST	1	9 \$	147.89	\$ 16.43	.002 \$	147.89	\$ .13
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		\$ .00
@TOTAL HOSPITAL	179	1,328 \$	109,299.03	\$ 82.30	1.134 \$	610.61	
HOSP INPATIENT TOTAL	16	32	82,390.61	2574.71	.027	5149.41	70.36
HSC HOSPITALS	1	2	3,120.00	1560.00	.002	3120.00	2.66
NON-HSC HOSPITAL TOTAL	7	30	62,302.86	2076.76	.026	8900.41	53.20
ACCOMMODATIONS	7	30	27,017.10	900.57	.026	3859.59	23.07
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	7	30	27,017.10	900.57	.026	3859.59	23.07
ALL OTHER ACCOM ANCILLARIES	7	0	35,285.76	.00	.000	5040.82	30.13
INPATIENT CROSSOVERS	, 8	0	16,967.75	.00	.000	2120.97	14.49
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	168	1,296	26,908.42	20.76	1.107	160.17	22.98
	28			80.72		144.15	3.45
MEDICAL	∠8 3	50 3	4,036.18 209.07	69.69	.043	69.69	
SURGERY PATHOLOGY	46	163			.003		.18
	31		2,180.19	13.38 98.24	.139	47.40	1.86 3.69
RADIOLOGY	28	44 41	4,322.70		.038	139.44	
ROOM USE	109	995	1,817.21	44.32	.035	64.90	1.55 12.25
CROSSOVERS/ALL OTH OUTPTNT	109 5		14,343.07	14.42	.850	131.59	
@COUNTY HOSPITAL TOTAL	5	17 \$ 0	12,140.72	\$ 714.16 .00		2428.14 5873.88	\$ 10.37 10.03
CO HOSPITAL INPATIENT TOTAL	0	0	11,747.75	.00	.000		.00
HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0				.00	
ANCILLARIES	2	0	.00 11,747.75	.00	.000	5873.88	.00 10.03
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0		.00	.000		.00
CO HOSP OUTPATIENT TOTAL	0	17	.00 392.97		.015	.00 78.59	.34
MEDICAL MEDICAL	0	0		23.12	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIOLOGY ROOM USE	0	0		.00		.00	.00
	U	17	.00 392.97	23.12	.000 .015	78.59	.34
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV M	C C C C C C C C C C C C C C C C C C C	1/ ES AND EXPENDITURES MOI					.34 PAGE 5,435
HOWHIE DREI OF UDWITH SEVA M.	TOT CUT SEVAIC	EO VIAD EVERIANTIAVES MOI	VIII OF FAIMENT RE	NAO AOT TAOTE	TOOF TUKO DE	J ZUU4	1AGE 3,433

MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL 03/14/05

LAKE COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CA	ASES-	TOTAL IN PA-TOT	AL		7	√NI™	III V 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	CE	
1,171 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/17/17	ACE COST	UNITS/DA		HLY AVERA		COST PER
I'I'I FFIGIPFS	ONLKO	OR DAYS OF CARE		FYLFINDIIOKES			PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	174	1,311	\$	97,158.31	\$		1.120		558.38		82.97
COMM HOSP INPATIENT TOTAL	14	32	Ų	70,642.86		2207.59	.027	۲	5045.92	۲	60.33
	14	2				2207.59					2.66
HSC HOSPITALS	1 7 7 0 0 7 7 6 0 163	2 30 30 0 0 30 0 0 0 0 1,279 50		3,120.00			.002		3120.00		
NON-HSC HOSPITALS TOTAL	/	30		62,302.86	4	2076.76	.026		8900.41		53.20
ACCOMMODATIONS	7	30		27,017.10		900.57	.026		3859.59		23.07
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	30		27,017.10		900.57	.026		3859.59		23.07
ANCILLARIES	7	0		35,285.76		.00	.000		5040.82		30.13
INPATIENT CROSSOVERS	6	0		5,220.00		.00	.000		870.00		4.46
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	163	1.279		26,515.45		20.73	1.092		162.67		22.64
MEDICAL	28	50		4,036.18		80.72	.043		144.15		3.45
SURGERY	3	3		209.07		69.69	.003		69.69		.18
PATHOLOGY	1.0	163		2,180.19		13.38	.139		47.40		1.86
	31										3.69
RADIOLOGY	28	44		4,322.70		98.24	.038		139.44		
ROOM USE		41		1,817.21		44.32	.035		64.90		1.55
CROSSOVERS/ALL OTH OUTPTNT		978	_	13,950.10	_	14.26	.835	_	134.14	_	11.91
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0 0 62 0	1,341	\$	181,067.46	\$	135.02	1.145	\$	2920.44	\$	154.63
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0 0 62 0	1,341		181,067.46		135.02	1.145		2920.44		154.63
@INTERMEDIATE CARE FACILDD	0	. 0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0 0 0 1 0 1 0 0 0 7 7 7 0 279	0		.00	·	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	Ċ	353.10	Ś	353.10	.001	ς	353.10	Ś	.30
HOSPITAL BASED	0	0	٧	.00	۲	.00	.000	٧	.00	Y	.00
HEMODIALYSIS CENTER	1	1		353.10		353.10	.001		353.10		.30
DEMODIATION EXCLUSIV	1	0	Ś	.00	Ś	.00	.000	ċ	.00	ċ	.00
@REHABILITATION FACILITY	0	0	Ą		ې		.000	Ą	.00	Ą	
HOSPITAL BASED	0	-		.00		.00					.00
INDEPENDENT FACILITY	U	0	_	.00	_	.00	.000	_	.00	_	.00
@LABORATORY FACILITY	7	26	\$	345.90	\$	13.30	.022	Ş	49.41	Ş	.30
PATHOLOGY	7	26		345.90		13.30	.022		49.41		.30
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	279	476	\$	44,832.76	\$	94.19	.406	\$	160.69	\$	38.29
CLINIC	3	4		148.33		37.08	.003		49.44		.13
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	276	472		44,684.43		94.67	.403		161.90		38.16
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S MO		REPORT			DEC		P	AGE 5,436
MOP024	FEE-FOR-SERVICE				52.2	01111	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			-	03/14/05
LAKE COUNTY		ICES FOR CRAIG CA	SES-	TOTAL IN PA-TOT	'AT.						33, 11, 03
	SOLUTION OF DELLA	1010 I OIL CIUITO OF		1011111 111 111 101				и∩ит	HLY AVERA	GE	
1 171 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	HARRA	INITES OF SERVICE							COCH DED		000E DED

1,171 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	119	941 \$	14,915.95	\$ 15.85	.804	\$ 125.34	\$ 12.74
DURABLE MED. EQUIP.	14	60	4,003.33	66.72	.051	285.95	3.42
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	24	258	1,820.27	7.06	.220	75.84	1.55
AMBULANCES/AIR TRANS	10	49	1,087.02	22.18	.042	108.70	.93
OTHER TRANS	13	172	634.40	3.69	.147	48.80	.54
OTHER SERVICES	3	37	98.85	2.67	.032	32.95	.08
ACUPUNCTURE	8	18	313.58	17.42	.015	39.20	.27
ADULT DAY HEALTH CARE CTR	1	41	2,852.78	69.58	.035	2852.78	2.44
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	9	25	3,235.29	129.41	.021	359.48	2.76
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	22	50	578.05	11.56	.043	26.28	.49
PHYSICAL THERAPIST	2	6	84.15	14.03	.005	42.08	.07
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	6	755.65	125.94	.005	755.65	.65
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	40	588.05	14.70	.034	58.81	.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	31	437	684.80	1.57	.373	22.09	.58
@CALIF. CHILDREN SERVICES*	3	52 \$	3,905.18	\$ 75.10	.044	\$ 1301.73	\$ 3.33
@XOVER EXCLUDING STATE HOSP**	187	2,256 \$	51 <b>,</b> 741.78	\$ 22.94	1.927	\$ 276.69	\$ 44.19

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,437 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 LAKE COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	0011111111 01 011111101010 1011 10111111								
					MON	NTHLY AVERAG	GE		
174,897 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@TOTAL, ALL PROVIDERS	116,551	1,737,300 \$	72,451,206.93	\$ 41.70	9.933	621.63	\$ 414.25		
@PHYSICIANS SERVICES	28,295	93,959 \$	3,501,278.06	\$ 37.26	.537	123.74	\$ 20.02		
OUTPATIENT VISITS	13,688	24,720	880,593.18	35.62	.141	64.33	5.03		
OFFICE VISITS	5 <b>,</b> 121	6 <b>,</b> 571	221,413.40	33.70	.038	43.24	1.27		
HOME VISITS	5	7	420.20	60.03	.000	84.04	.00		
EMERGENCY ROOM	7,874	9,282	543,544.26	58.56	.053	69.03	3.11		
PREVENTIVE CARE	15	16	605.39	37.84	.000	40.36	.00		
OB VISITS/COMPRE PERI	989	8,517	104,410.50	12.26	.049	105.57	.60		
OTHER OUTPATIENT	291	327	10,199.43	31.19	.002	35.05	.06		
INPATIENT VISITS	1,278	5,640	365,194.88	64.75	.032	285.75	2.09		
HOSPITAL VISITS	1,108	4,325	198,428.97	45.88	.025	179.09	1.13		
CRITICAL CARE	182	1,124	160,822.48	143.08	.006	883.64	.92		
SNF/ICF/TRANS IP CARE	131	191	5,943.43	31.12	.001	45.37	.03		
OPHTHALMOLOGICAL SERVICES	461	532	20,864.65	39.22	.003	45.26	.12		
EXAMINATIONS	461	531	20,829.36	39.23	.003	45.18	.12		
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00		

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	1,123	7,668		531,554.95		69.32	.044		473.33		3.04
PRINCIPAL SURGEON	757	995		405,764.56		407.80	.006		536.02		2.32
ASSISTANT SURGEON	74	74		16,326.08		220.62	.000		220.62		.09
ANESTHESIOLOGIST	455	6,599		109,464.31		16.59	.038		240.58		.63
OUTPATIENT SURGERY	2,576	7,446		463,213.41		62.21	.043		179.82		2.65
PRINCIPAL SURGEON	2,171	2,834		377,010.13		133.03	.016		173.66		2.16
ASSISTANT SURGEON	7	7		715.50		102.21	.000		102.21		.00
ANESTHESIOLOGIST	536	4,605		85,487.78		18.56	.026		159.49		.49
DIALYSIS	50	281		23,725.54		84.43	.002		474.51		.14
PATHOLOGY	2,197	3,981		87,190.38		21.90	.023		39.69		.50
RADIOLOGY	8,063	13,616		408,781.20		30.02	.078		50.70		2.34
PSYCHIATRY	3	14		239.10		17.08	.000		79.70		.00
IMMUNIZATION AND INJECTION	337	4,436		219,948.38		49.58			652.67		1.26
OTHER SERVICES/ALL X-OVERS	8 <b>,</b> 539	25,625		499,972.39		19.51	.147		58.55		2.86
@PHARMACY	73,290	963,997	\$	23,551,270.62	\$	24.43	5.512	\$	321.34	\$	134.66
PRESCRIPTION DRUGS		293,227		22,760,799.74		77.62	1.677		314.29		130.14
SNF/ICF	2 <b>,</b> 229	16,229		1,033,713.17		63.70	.093		463.76		5.91
OUTPATIENTS		276,998		21,727,086.57		78.44	1.584		309.31		124.23
MEDICAL SUPPLIES	5 <b>,</b> 969	670,770		790,470.88		1.18	3.835		132.43		4.52
@DENTIST		15,849	\$	675 <b>,</b> 309.92	\$	42.61	.091	\$	187.53	\$	3.86
VISITS - DIAGNOSTIC	2,472	8,748		139,272.31		15.92	.050		56.34		.80
ORAL SURGERY	600	2,386		131,676.10		55.19			219.46		.75
DRUGS	68	81		1,700.00		20.99	.000		25.00		.01
ANESTHESIA	93	98		8,800.00		89.80			94.62		.05
PERIODONTICS	26	31		2,464.24		79.49			94.78		.01
ENDODONTICS	329	614		105,314.65		171.52			320.11		.60
RESTORATIVE DENTISTRY	1,058	3,156		181,873.80		57.63			171.90		1.04
PROSTHETICS	7	7		180.00		25.71			25.71		.00
DENTURES, STAYPLATES	195	511		92 <b>,</b> 516.75		181.05			474.44		.53
SPACE MAINTAINERS	25	33		3,544.00		107.39			141.76		.02
MAXILLOFACIAL SERVICES	9	10		735.57		73.56	.000		81.73		.00
FRACTURES, DISLOCATIONS	0	1		.00		.00			.00		.00
ORTHODONTIC SERVICES	57	77		7,082.50		91.98			124.25		.04
ALL OTHER SERVICES	81	96		150.00		1.56	.001		1.85		.00
#CALIF DEPT OF HEALTH SERV			URES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC :	2004	P	AGE 5,438
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FO	OR TOTAL	CERT	TIFIED							
							M	ONTH:	LY AVERA	GE ·	

							[v]	OIN.	THLI AVERA	LGE.	
174,897 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	€		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3 <b>,</b> 527	9 <b>,</b> 778	\$	210,116.36	\$	21.49	.056	\$	59.57	\$	1.20
DIAGNOSTIC AND ANC. PROCED	1,774	1,800		79,354.17		44.09	.010		44.73		.45
EYE APPLIANCES	2,866	7,671		123,802.04		16.14	.044		43.20		.71
OTHER OPTOMETRIC SERVICES	197	307		6,960.15		22.67	.002		35.33		.04
@CHIROPRACTOR	444	661	\$	10,847.72	\$	16.41	.004	\$	24.43	\$	.06
VISITS	408	609		10,136.50		16.64	.003		24.84		.06
OTHER SERVICES	36	52		711.22		13.68	.000		19.76		.00
@PODIATRIST	390	701	\$	6,387.38	\$	9.11	.004	\$	16.38	\$	.04
MEDICINE/INJECTIONS	15	16		512.53		32.03	.000		34.17		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	375	685		5,874.85		8.58	.004		15.67		.03
@HOME HEALTH AGENCY	705	9,910	\$	420,060.98	\$	42.39	.057	\$	595.83	\$	2.40
NURSE ANESTHESIST	134	1,066	\$	17,221.34	\$	16.16	.006	\$	128.52	\$	.10
NURSE MIDWIFE	28	269	\$	6,269.16	\$	23.31	.002	\$	223.90	\$	.04
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	5	5	\$ 228.67	\$ 45.73	.000	\$ 45.73	\$ .00
@TOTAL HOSPITAL	28 <b>,</b> 835	148,179	\$ 22,555,265.91	\$ 152.22	.847	\$ 782.22	\$ 128.96
HOSP INPATIENT TOTAL	2,228	8,083	19,195,377.16	2374.78	.046	8615.52	109.75
HSC HOSPITALS	238	1,919	3,089,285.60	1609.84	.011	12980.19	17.66
NON-HSC HOSPITAL TOTAL	1,371	6,164	15,467,609.65	2509.35	.035	11281.99	88.44
ACCOMMODATIONS	1,364	6,164	4,852,883.82	787.29	.035	3557.83	27.75
ADMINISTRATIVE DAYS	4	25	5,419.25	216.77	.000	1354.81	.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,360	6,139	4,847,464.57	789.62	.035	3564.31	27.72
ANCILLARIES	1,370	0	10,614,725.83	.00	.000	7747.98	60.69
INPATIENT CROSSOVERS	642	0	638,481.91	.00	.000	994.52	3.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	27 <b>,</b> 775	140,096	3,359,888.75	23.98	.801	120.97	19.21
MEDICAL	4,675	7,843	346,415.72	44.17	.045	74.10	1.98
SURGERY	1,276	1,580	83,638.94	52.94	.009	65.55	.48
PATHOLOGY	11,235	46,697	608,496.39	13.03	.267	54.16	3.48
RADIOLOGY	7,378	10,422	794,916.68	76.27	.060	107.74	4.55
ROOM USE	10,623	13,987	595 <b>,</b> 982.52	42.61	.080	56.10	3.41
CROSSOVERS/ALL OTH OUTPINT	12 <b>,</b> 897	59 <b>,</b> 567	930,438.50	15.62	.341	72.14	5.32
@COUNTY HOSPITAL TOTAL	126	712	\$ 73,082.47	\$ 102.64	.004	\$ 580.02	\$ .42
CO HOSPITAL INPATIENT TOTAL	13	33	50,952.36	1544.01	.000	3919.41	.29
HSC HOSPITALS	8	31	35,025.01	1129.84	.000	4378.13	.20
NON-HSC HOSPITALS TOTAL	1	2	2,450.32	1225.16	.000	2450.32	.01
ACCOMMODATIONS	1	2	1,231.20	615.60	.000	1231.20	.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	1,231.20	615.60	.000	1231.20	.01
ANCILLARIES	1	0	1,219.12	.00	.000	1219.12	.01
INPATIENT CROSSOVERS	4	0	13,477.03	.00	.000	3369.26	.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	119	679	22,130.11	32.59	.004	185.97	.13
MEDICAL	57	80	2,157.79	26.97	.000	37.86	.01

SURGERY	26	45	4,008.56	89.08	.000	154.18		.02
PATHOLOGY	34	155	3,039.58	19.61	.001	89.40		.02
RADIOLOGY	18	39	2,734.73	70.12	.000	151.93		.02
ROOM USE	91	153	7,129.72	46.60	.001	78.35		.04
CROSSOVERS/ALL OTH OUTPTNT	56	207	3,059.73	14.78	.001	54.64		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	004 THRU DEC	2004	PAGE	5,439
MOP024	FEE-FOR-SERVICE/DENTA	L					03	/14/05
LAKE COUNTY	SUMMARY OF SERVICES FO	OR TOTAL CER'	rified					

LAKE COUNTY	SUMMARY OF SER	VICES FOR TOTAL	CERTI	FIED					
						MO	NTHLY AVERA	GE	
174,897 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28,741	147,467	\$	22,482,183.44	\$ 152.46	.843		\$	128.55
COMM HOSP INPATIENT TOTAL	2,216	8,050		19,144,424.80	2378.19	.046	8639.18		109.46
HSC HOSPITALS	230	1,888		3,054,260.59	1617.72	.011	13279.39		17.46
NON-HSC HOSPITALS TOTAL	1,370	6,162		15,465,159.33	2509.76	.035	11288.44		88.42
ACCOMMODATIONS	1,363	6,162		4,851,652.62	787.35	.035	3559.54		27.74
ADMINISTRATIVE DAYS	4	25		5,419.25	216.77	.000	1354.81		.03
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1,359	6,137		4,846,233.37	789.67	.035	3566.03		27.71
ANCILLARIES	1,369	0		10,613,506.71	.00	.000	7752.74		60.68
INPATIENT CROSSOVERS	638	0		625,004.88	.00	.000	979.63		3.57
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	27,683	139,417		3,337,758.64	23.94	.797	120.57		19.08
MEDICAL	4,622	7,763		344,257.93	44.35	.044	74.48		1.97
SURGERY	1,250	1,535		79,630.38	51.88	.009	63.70		.46
PATHOLOGY	11,205	46,542		605,456.81	13.01	.266	54.03		3.46
RADIOLOGY	7,362	10,383		792,181.95	76.30	.059	107.60		4.53
ROOM USE	10,545	13,834		588,852.80	42.57	.079	55.84		3.37
CROSSOVERS/ALL OTH OUTPINT		59,360		927,378.77	15.62	.339	72.20		5.30
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000		\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	•	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	2 <b>,</b> 280	61,836	\$	6,801,468.55	\$ 109.99	.354	\$ 2983.10	\$	38.89
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	•	.00
LEV B-REHAB MD	17	685		77,169.82	112.66	.004	4539.40		. 44
LEV B-SUBACUTE FREESTANDING	1	44		13,814.80	313.97	.000	13814.80		.08
LEV B-SUBACUTE HSPTL BASED	3	231		134,808.41	583.59	.001	44936.14		.77
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	2,260	60,876		6,575,675.52	108.02	.348	2909.59		37.60
@INTERMEDIATE CARE FACILDD	65	1,871	\$	282,616.16	\$ 151.05		\$ 4347.94	\$	1.62
ICF DDH	65	1,871		282,616.16	151.05	.011	4347.94		1.62
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	338	7,988	\$	408,472.48	\$ 51.14	.046		\$	2.34
HOSPITAL BASED	0	0		.00	.00	.000	.00	•	.00
HEMODIALYSIS CENTER	338	7,988		408,472.48	51.14	.046	1208.50		2.34
@REHABILITATION FACILITY	16	142	\$		\$ 20.41		\$ 181.15	Ś	.02
HOSPITAL BASED	9	68		1,995.87	29.35	.000	221.76	•	.01
INDEPENDENT FACILITY	7	74		902.45	12.20	.000	128.92		.01
@LABORATORY FACILITY	1,856	6,307	\$	93,306.41	\$ 14.79	.036		\$	.53
PATHOLOGY	1,833	6,227		92,638.68	14.88	.036	50.54		.53
XO AND OTHERS	23	80		667.73	8.35	.000	29.03		.00
@ORGANIZED OUTPATIENT CLINIC	52 <b>,</b> 972	94,126	\$	10,870,864.11	\$ 115.49	.538		\$	62.16
CLINIC	402	1,575		61,530.97	39.07	.009	153.06		.35
SURGICENTER	161	638		34,208.29	53.62	.004	212.47		.20
HEROIN DETOX CLINIC	2	39		454.09	11.64	.000	227.05		.00

RURAL HEALTH CLINIC 52,534 91,874 10,774,670.76 117.28 .525 205.10 61.61 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,440 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 LAKE COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

LAKE COUNTY	SUMMARY OF SERV	TOTAL	CERT.	TETED					
							NTHLY AVERA	-	
174,897 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST		COST PER		OST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	_	USER		LIGIBLE
@ALL OTHER PROVIDERS	14 <b>,</b> 951	320 <b>,</b> 656	\$	3,037,324.78	\$ 9.47	1.833	\$ 203.15	\$	17.37
DURABLE MED. EQUIP.	1,254	4,067		644,897.23	158.57	.023	514.27		3.69
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	14	16		9,473.87	592.12	.000	676.71		.05
MEDICAL TRANSPORTATION	2,638	201,634		964,498.97	4.78	1.153	365.62		5.51
AMBULANCES/AIR TRANS	2,037	30,887		409,721.79	13.27	.177	201.14		2.34
OTHER TRANS	532	169,229		347,985.28	2.06	.968	654.11		1.99
OTHER SERVICES	253	1,518		206,791.90	136.23	.009	817.36		1.18
ACUPUNCTURE	639	1,590		27,090.50	17.04	.009	42.40		.15
ADULT DAY HEALTH CARE CTR	21	327		22,252.72	68.05	.002	1059.65		.13
GENETIC DISEASE TESTING	161	161		16,905.00	105.00	.001	105.00		.10
IHMC, MODEL-NF, NF, AIDS, MSSP	1,357	6,608		612,279.56	92.66	.038	451.20		3.50
OCCUPATIONAL THERAPIST	8	58		782.75	13.50	.000	97.84		.00
OPTICIAN	2,868	6,996		71,561.27	10.23	.040	24.95		.41
PHYSICAL THERAPIST	315	2,709		39 <b>,</b> 773.69	14.68	.015	126.27		.23
PORTABLE X-RAY	11	23		88.70	3.86	.000	8.06		.00
PROSTHETIST/ORTHOTISTS	180	537		62,643.15	116.65	.003	348.02		.36
PROSTHETICS	179	536		62,603.60	116.80	.003	349.74		.36
ORTHOTICS	1	1		39.55	39.55	.000	39.55		.00
PSYCHOLOGIST	5	27		1,353.22	50.12	.000	270.64		.01
SPEECH AND AUDIOLOGY	425	1,123		79,228.08	70.55	.006	186.42		.45
HOSPICE SERVICES	70	1,522		151,081.02	99.26	.009	2158.30		.86
NONINST BIRTHING CENTERS	1	1		1,106.68	1106.68	.000	1106.68		.01
LOCAL EDUCATION AGENCIES	2 <b>,</b> 745	15 <b>,</b> 896		177,247.42	11.15	.091	64.57		1.01
EPSDT SUPPLEMENTAL SERVICE	1	4		250.00	62.50	.000	250.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	3,382	77 <b>,</b> 357		154,810.95	2.00	.442	45.77		.89
@CALIF. CHILDREN SERVICES*	754	23,276	\$	2,461,937.65		.133	\$ 3265.17	\$	14.08
@XOVER EXCLUDING STATE HOSP**	13,115	147,657	\$	2,343,164.24	\$ 15.87	.844	\$ 178.66	\$	13.40

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.